EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV AND ITS MANAGEMENT AMONG STAFF NURSES IN SREE MOOKAMBIKA MEDICAL COLLEGE HOSPITAL, KULASEKHARAM AT KANYAKUMARI DISTRICT

A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT FOR THE DEGREE OF MASTER SCIENCE IN NURSING

OCTOBER 2016

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Internal Examiner **External Examiner**

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OCTOBER 2016

BONAFIDE CERTIFICATE

This is to certify that the dissertation entitled **"A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses in Sree Mookambika Medical College Hospital, Kulasekharam at Kanyakumari District"** is a bonafide research work done by **Mrs. N. Ezhil, II year M.Sc., (N),** Sree Mookambika College of Nursing, Kulasekharam under the guidance of **Prof. Dr. T.C. Suguna, M.Sc., (N) M.A., (Socio), Ph.D., HOD,** Department of Obstetritics and Gynecology in Nursing, Sree Mookambika College of Nursing in partial fulfillment of the requirement for the Degree of Master Science in Nursing under Tamil Nadu Dr. M.G.R. Medical University, Chennai.

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CERTIFICATE

This is to certify that the dissertation entitled "**A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses in Sree Mookambika Medical College Hospital, Kulasekharam, at Kanyakumari District"** is the outcome of the original research work under taken by **Mrs. N. Ezhil, IInd year M.Sc. Nursing,** Sree Mookambika College of Nursing, Kulasekharam, in partial fulfilment of the requirement for the degree of Master of Science in Nursing under the Tamilnadu Dr. M.G.R. Medical University, Chennai.

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DECLARATION

I declare the present dissertation titled **"A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses in Sree Mookambika Medical College Hospital, Kulasekharam, at Kanyakumari district"** is the outcome of the original research work undertaken and carried out by me under the guidance of **Prof. Dr. Suguna, M.Sc., (N), MA (Socio),Ph.D, HOD, Dept. of Obstetric and Gynaecological Nursing, Sree Mookambika College of Nursing, Kulasekharam.** I also declare that the material of this has not formed in anyway, the basis for the award of any degree or diplomo in this university or any other universities.

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TABLE OF CONTENTS

Chapter No	Content	Page No
	Acknowledgement	**i**
	List of Tables	**iv**
	List of Figures	**v**
	List of Appendix	**vi**
	Abbreviation	**vii**
	Abstract	**viii**
I	**INTRODUCTION**	1-11
	Background of the Study	1
	Need and Significance of the Study	4
	Statement of the Problem	5
	Objectives	6
	Hypothesis	7
	Operational Definitions	7
	Assumptions	9
	Delimitations of the Study	9
	Ethical Consideration	9
	Conceptual Framework	11
II	**REVIEW OF LITERATURE**	12-26
	Studies related to prevalence of parent to child transmission of HIV	13
	Studies related to knowledge of women about parent to child transmission of HIV	15
	Studies related prevention of parent to child transmission of HIV and its management	17
	Studies related to knowledge regarding PTCT of HIV among staff nurses	20
	Studies related to attitude regarding PTCT of HIV among staff nurses	22
	Studies related to effectiveness of structured teaching programme	24

Table of content continued …….

Chapter No	Content	Page No
III	**METHODOLOGY**	27-35
	Research Approach	27
	Research Design	28
	Setting of the Study	29
	Variables	29
	Population	29
	Sample Size	30
	Sampling Technique	30
	Sample Selection Criteria	30
	Data Collection Tool	31
	Validity	33
	Reliability	33
	Pilot Study	33
	Data Collection Procedure	34
	Plan For Data Analysis	34
IV	**DATA ANALYSIS AND INTERPRETATION**	37-60
V	**RESULT AND DISCUSSION**	61-66
VI	**SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS**	67-72
	Summary	67
	Conclusions	70
	Implications	70
	Limitations	72
	Recommendations	72
	BIBLIOGRAPHY	73
	APPENDICES	i - xli

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INVESTIGATOR

LIST OF TABLES

Table No	Titles	Page No
1	Frequency and Percentage Distribution of Samples According to Demographic Variables	39-40
2a	Pre test Level of knowledge of Staff nurses	46
2b	Pre test Level of Attitude of Staff nurses	48
3a	Post test Level of knowledge of Staff nurses	50
3b	Post test Level of Attitude of Staff nurses	52
4	Effectiveness of Structured Teaching Programme on knowledge and Attitudes Regarding Prevention of Parent to Child Transmission of HIV and its Management Among Staff nurses	54
5	Association Between Level of knowledge and Selected Demographic Variables	57-58
6	Association Between Level of Attitude and Selected Demographic Variables	59-60

LIST OF FIGURES

Figure No	Titles	Page No
1	Conceptual Framework	11
2	Schematic Representation	36
3	Distribution of Samples According to their Age	41
4	Distribution of Samples According to their Qualification.	42
5	Distribution of Samples According to their Years of Experience	43
6	Distribution of Samples According to their Working area	44
7	Distribution of Samples According to their Income	45
8	The Pre test Level of knowledge Among Staff nurses	46
9	The Pre test Level of Attitude Among Staff nurses	49
10	The Post test Level of knowledge Among Staff nurses	51
11	The Post test level of Attitude Among Staff nurses	53
12	The Effectiveness of Structured Teaching Programme on Knowledge and Attitude Level	56

LIST OF APPENDICES

Appendices No	Titles	Page No
A	Ethical Clearance Certificate	i
B	Letter Seeking for Expert Opinion for Content and Tool Validity	ii
C	Letter Seeking Permission to Conduct Study	iii
D	Certificate of Conduct Study	iv
E	List of Experts for Tool Validation	v
F	Data collection Tool in English	vii
G	Structured Teaching Programme Module	xv
H	Evaluation Criteria Check List for Tool Validation	xxxviii
I	Photos	xlii
J	Electronic CD ROM	

ABBREVATIONS

HIV	-	Human Immuno Deficiency Virus
AIDS	-	Acquired Immuno Deficiency Virus
PTCT	-	Parent To Child Transmission
SSA	-	Sub - Sahara Africa
STI	-	Sexually Transmitted Infection
CCC	-	Constant Continuing usage of Condom.
MTCT	-	Mother To Child Transmission

ABSTRACT

Parent to child transmission is the spread of HIV from an HIV infected women to her child during pregnancy, child birth, or breast feeding. Mother to child transmission is the most common way that children become infected with HIV. The main objectives of the study were To determine the effectiveness of structured teaching programme regarding prevention of parent to child transmission of HIV and its management among Staff Nurses. The research design selected for the study was pre experimental one group pre test and post test design. A purposive sampling technique was followed to obtain a sample of 60 staff nurses. During data collection, a pre test was conducted on the first day by using structured knowledge question or followed by structured teaching programme on Prevention of parent to child transmission of HIV and its management was given. Finally post test was done on the seventh day by using the same tool. Data were analyzed by descriptive and inferential statistics. The pre test mean knowledge score was 7.6, the post test mean knowledge score was 14.68 the pre test mean attitude score was 7.9 and post test mean attitude score was 15.48 't' test was used to evaluate the effectiveness of the structured teaching programme at 0.005 level of significance, The study reveals that the level of knowledge and attitude among staff nurses has improved after structured teaching programme at 0.005 level of significance. Based on the findings this study concludes that teaching programme like structured teaching improved the knowledge on Prevention of parent to child transmission of HIV and its management among staff nurses.

Key words : HIV, AIDS, Prevention of Parent to child transmission of HIV, Structured Teaching Programme.

CHAPTER I

Introduction

"The essence of knowledge is, having it, to apply it, not having it, to confess your ignorance".

` **"**Confucius"

Background of the Study

The Human Immunodeficiency Virus (HIV) infection which causes the Acquired Immune Deficiency Syndrome (AIDS) continues to be a serious global problem. An estimation of 34 million people worldwide are infected with HIV, 52% of who are women and more than two-thirds (68%) of the global HIV population live in the sub-sahara African (SSA). Of these, 3.4 million are children under 15 years of age, 90% of whom live in SSA. Worldwide there are about 7,400 new infections and 5,500 HIV related deaths daily, 90% of who live in Sub Sahara African where HIV has its greatest toll (**UNAIDS/UNICEF/WHO, 2011**).

Today 33.3 million people are affected by this virus in this world, of which 2.27million are in India. Every year more than 1.3 million people worldwide die due to HIV each year. India ranks 2nd in the number of HIV patients. The HIV prevalence at antenatal clinics in Maharashtra was 0.5 % in 2007. At 18%, the state has the highest reported rates of HIV prevalence among female sex workers (2008,**Vaishall R. Mohite**).

HIV transmitted through sexual contact with an infected individual, through mother-child transmission (MTCT) ,and through sharing of sharp instruments with an infected person and transfusion of infected blood and blood-products. MTCT, which

occurs when a mother passes on the virus to her child during pregnancy, labour and breastfeeding, is responsible for an estimated 20% of all HIV infections and more than 95% of paediatrics HIV transmissions (**UNAIDS, 2010**).

Mother to Child Transmission is of major public health concern especially in Sub Saharan African countries, which have high total fertility rates and high prevalence of HIV infections among women of child- bearing age. Advanced maternal HIV disease, high viral loads, maternal malnutrition and co-morbidity with sexually transmitted infections (STIs), all of which are prevalent among African women increase the risk of this MTCT (**WHO 2006**).

In 2004, around 700,000 children under 5 years of age became infected with HIV worldwide, mainly through MTCT. About 90% of these MTCT infections occurred in Africa where AIDS is beginning to reverse decades of steady progress in child survival. An estimated 420,000 children were newly infected with HIV in 2007, the vast majority of them through MTCT (**Department of Health 2004:6**).

The vertical transmission can be drastically reduced by following prevention of parent to child transmission (PPTCT). The measures taken for prevention of parent to child transmission of HIV comprise of primary prevention among prospective parents through education and counselling , prevention of pregnancy among HIV positive women , testing of HIV status of all pregnant women, provision of anti-retroviral drugs to HIV positive mothers, and replacement feeding for infants (**WHO 2001**).

Prevention of mother to child transmission (PMTCT) aims at reducing the risk of a mother infecting her child with HIV and starts with primary prevention of the

infection in women of child-bearing age who the main vehicles of paediatric transmission.

Modern PMTCT strategies include testing of HIV during pregnancy, modified obstetric practices, preventive anti-retroviral (ARV) drugs, and modified infant feeding practices. These strategies which are still limited both in scope and reach in most of Sub-Saharan Africa, where ironically, the heaviest burden of maternal HIV infection and MTCT exist, have the potential of reducing the MTCT risk down to only 2 to 5 percent (**WHO 2010**).

The lifelong highly active antiretroviral therapy (HARRT) for HIV infected women in need of treatment for their own health, which is also safe and effective in reducing MTCT or ARV prophylaxis to prevent MTCT during pregnancy, delivery and breastfeeding for HIV -infected women not in need of treatment for themselves (WHO 2010).

This infectious illness can evoke irrational emotions and fears in health care providers, including nursing students. If unexamined , these fears may produce a barrier to successful educational efforts about HIV/AIDS and result in a variety of adverse outcomes. While there is a risk of transmission of the virus from patient to health care worker, this risk has been estimated at 0.3% after a single percutaneous exposure to HIV / AIDS infected blood (**Vaishali R Mohite**).

To control these problems the nurse has a vital role. She is necessary to provide the preventive education to pregnant mothers and to their families regarding parent to child transmission of HIV and its management by explain about the constant continuing usage of condoms (CCC) necessary regarding hospital deliveries etc.

Need for the study

Human immunodeficiency Virus(HIV) is a virus that slowly destroys the body's Immune system. It is a retro virus so called because its stranded RNA (ssRNA) contains a polygene that codes for a reverse transcriptase. The HIV is the causative agent of the Acquired Immune Deficiency Syndrome (AIDS) and is not destroyed by antibiotics.

The virus attacks the body immune system and makes it hard for the body to fight of disease and infections. The disease, which has invaded mankind universally and has no cure yet, is a complex health problem for individuals, families, friends and the community as a whole.

There are about 33.2 million Human Immunodeficiency Virus (HIV) infected people in the world of which about 2.5 million are in sub-sharan Africa. Of adult infections 40% are in women and 15% men of 15 to 25 years of age. Prenatal infection has resulted in large number of children being born with HIV (**Kanabus & Noble 2008: 1**).

In 2006 the National AIDS Control Organization (NACO) of India reported an estimate of 4.5 million people living with HIV/AIDS in the country. The HIV seroprevalance among staff nurses has been reported to be between 0.5 and 3.3% in various parts of the country. However , recent trends suggest that the incidence of HIV infection in women seeking antenatal care may be as high as 6% and India can expect 75,000 HIV infected neonates to be born every year.

The pattern of the HIV epidemic in India varies from state to state. HIV prevalence is highest in the south (Maharashtra, Karnataka, Tamilnadu and Andra

Pradesh) where sexual transmission is dominant and in the north- east (Manipur and Nagaland) where injecting drug use is the most common route of infection (**Vaishall R. Mohite**).

Ever since HIV was first identified in India among sex workers in tamilnadu during 1986. HIV infections have been reported in all states and territories. The estimated prevalence of HIV among people aged 15-49 years in approaching 1 percent and at least four million people are infected, making it the country with the second largest number of HIV positive people in the world.

There is shortage of trained counsellors which result in to awareness deficit among the needy population. Majority of the deliveries take place outside the hospitals which exposes the baby at high risk of acquiring infection from mother. The cost involved in anti-retroviral treatment and stigmatization of HIV positive individuals are other important contributing factors which limit the uptake of testing treatment and infant feeding modifications.

This study is carried out to assess the prevention of parent to child transmission of HIV and its management among staff nurses in Sree Mookambika Medical College Hospital, Kulesekaram. How the staff nurses prepared to tackle the situations effectively and with what knowledge and attitude they are ready to work clinical area. ***Prevention is the only for Human Immuno Deficiency Virus infection.*** Hence this study is undertaken.

Statement of the problem

A study to assess the effectiveness of Structured Teaching Programme on Knowledge and attitude regarding Prevention of Parent to Child transmission of HIV

and its management among Staff Nurses in Sreee Mookambika Medical college hospital, Kulesekaram at Kanya kumari dist.

Objectives of the study

- To assess the knowledge regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To assess the attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To determine the effectiveness of Structured Teaching Programme regarding prevention of parent to child transmission of HIV and its management among Staff Nurses.
- To find out the association between knowledge and their selected demographic variables such as age, qualification, years of experience in their speciality, income, working area, among the Staff Nurses.
- To find out the association between attitude and their selected demographic variables such as age, qualification, years of experience in their speciality, income, working area, among the Staff Nurses.

Hypothesis

- There is a significant increase in the post test knowledge score of Staff Nurses regarding prevention of Parent to child transmission of HIV and its management after the Structured Teaching Programme.
- There is a significant difference in the attitude of the staff nurses regarding prevention of Parent to child transmission of HIV and its management after the Structured Teaching Programme.

- There is significant association between Pre test knowledge Scores regarding prevention of parent to child transmission of HIV and its management and the selected demographic variables such as age, qualification and Years of experience in their speciality, working experience and income.
- There is a significant association between the pre test attitude regarding prevention of parent to child transmission of HIV and its management and the selected demographic variables such as age, qualification and Years of experience in their speciality, working experience and income.

Operational definitions

Effectiveness

In this study it refers to the expected and desired changes in knowledge and attitude regarding parent to child transmission of HIV and its management among staff nurses those attended the structured teaching programme.

Knowledge

Information and skills regarding parent to child transmission of HIV through experience or education; theoretical or practical understanding of a subject, facts and information.

Attitude

In this study, attitude can be defined as a positive or negative objects, event, ideas about Parent to child transmission of HIV in the environment.

HIV (Human Immuno Deficiency Virus)

HIV is an Human Immunodeficiency Virus (HIV) that attacks the immune system, the body's natural defence system. Without a strong immune system, the body

has trouble fighting off disease. Both the virus and the infection causes are called HIV.

AIDS (Acquired Immuno Deficiency Syndrome)

AIDS stands for acquired immunodeficiency syndrome. It's a disease in which there is a severe loss of body's cellular immunity, greatly lowering the resistance to infection and malignancy.

Parent to child transmission of HIV (PTCT)

Parent to child transmission is the spread of HIV from an HIV infected women to her child during pregnancy, child birth (also called labour and delivery), or breast feeding (through breast milk).

Structured teaching programme

In this study Structured teaching programme which provide meaning , causes, signs and symptoms, diagnostic features, treatment and prevention of parent to child transmission of HIV via, power point, over head projector(OHP), leaflets, pamphlets, flannel for 1 hour and then knowledge was assessed by structured questionnaire and practice was assessed by MCQ(Multiple Choice Questions).

Prevention

- The action of stopping something from happening or arising in this study
- Prevention refers to stopping of parent to child transmission of HIV

Assumptions

- The Staff Nurses have less knowledge regarding prevention of parent to child transmission of HIV and its management.
- Structured teaching programme helps to prevent parent to child transmission of HIV.
- The structured teaching programme on prevention of parent to child transmission of HIV and its management to improve knowledge and attitude among Staff Nurses.

Delimitations

- The study was conducted among staff nurses only.
- The study was conducted in only one hospital.
- The study was conducted only 60 staff nurses.
- The study was conducted for a period of 4 weeks only.

Ethical consideration

The study was conducted after getting the approval from the dissertation committee of Sree Mookambika institute of medical science and the written consent from the director of Sree Mookambika institute if medical science, Kulesekaram. The purpose of the study and the procedure was explained to the samples.

Conceptual framework

Conceptual framework is a global ideas about a concept in relation to a specific discipline. It is a visual diagram by which the researcher explains the specific area of interest.

The conceptual framework for the study was derived from general system theory Bertanlaffy (1986) who defined a system as a whole with interrelated pare in which the parts have their own function. All living systems are open systems in which there is continuous exchange of matter, energy and information that provide input for the system. Then the system transforms the input and this process is known as throughput. The energy of information is given off in to the environment as output. When output is returned in to the system as input, this process in known as feedback. All living system are open that there is continuous exchange of matter, energy and information with environment from which the system receives input and gives in the form of matter, energy and information.

Input

Structured teaching programme on parent to child transmission of HIV, its definition, causes, signs and symptoms, diagnostic features, treatment, complication and prevention to the staff nurses.

Through put

Throughput is the process of disseminating information regarding parent to child transmission of HIV through structured teaching programme to selected hospital staff nurses.

Output

It is altered state of knowledge among staff nurses as shown as improvement in obtaining information about parent to child transmission of HIV its prevention from the structured teaching programme. This ensured by post test similar to the pre test.

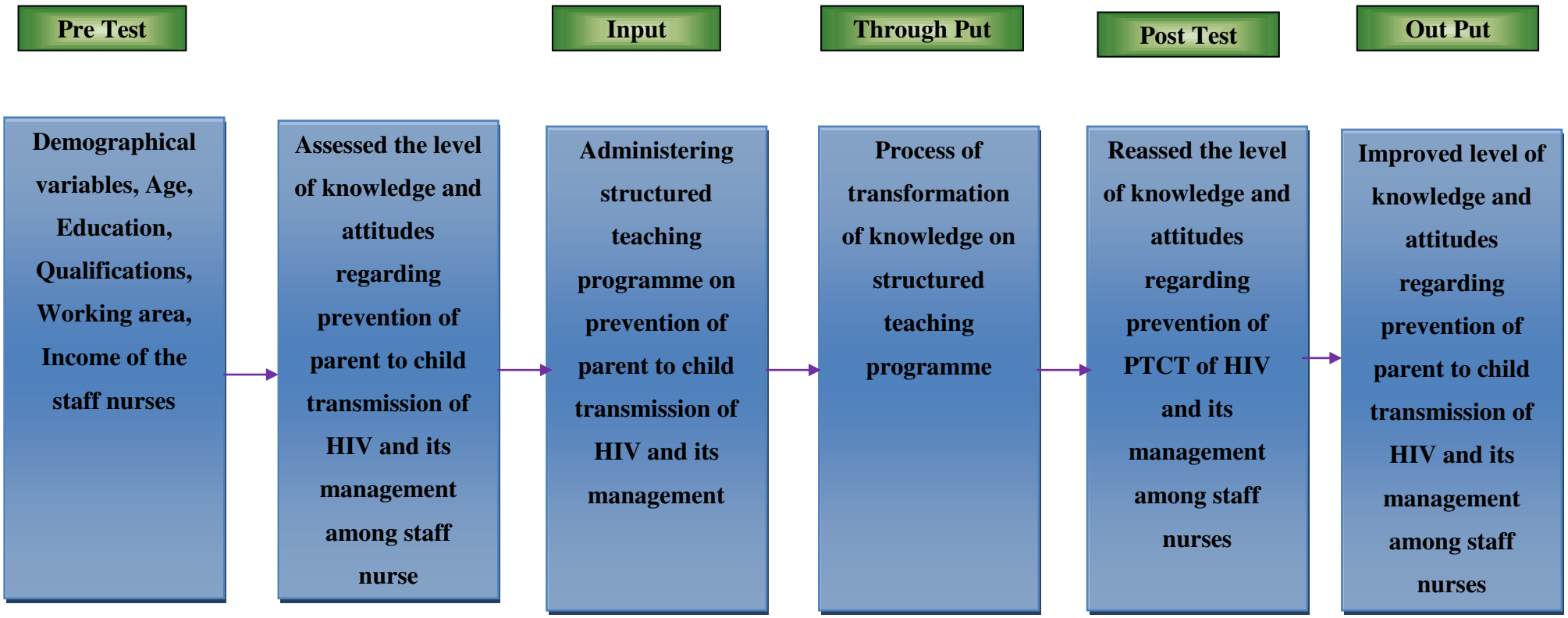

Figure 1 : Conceptual Frame Work Based on Modified J.W. Kennys Open System Model

CHAPTER II

Review of literature

The review of literature is defined as broad comprehensive in depth systematic and critical review of scholarly publication, unpublished scholarly print materials, audio-visual materials and personal communication (Basavanthappa, 2002).

A literature review uses as its database of primary or original scholarship and does not report new primary scholarship itself. The primary reports used in the literature may be verbal, but in the vast majority of cases, reports are written documents. The types of scholarship may be empirical, theoretical, critical/ analytical, or methodological in nature. Second a literature review seeks to describe, summarize, evaluate, clarify and /or integrate the content of primary reports (H.M. Cooper, 1988).

A literature review is an evaluate report of information found in the literature related to selected area of study. The review describes, summarize, evaluates and clarifies this literature. It gives a theoretical base for the research and helps to determine the nature of research (Queensland university, 1999).

Review of literature helps to plan and conduct the study in a systematic manner. Review of literature is the task of reviewing literature which involves the identification, selection, critical analysis and reporting of existing information on the topic of interest. it provides the basis to locate the data , new idea that need to be included in the present study, it helps the researcher to find the accurate data could be used for supporting the present finding and drawing conclusion.

The literature is reviewed and presented under the following headings,

1. Studies related to prevalence of Parent to child transmission of HIV
2. Studies related to Knowledge of women about Parent to child transmission of HIV
3. Studies related Prevention of parent to child transmission of HIV and its management
4. Studies related to knowledge regarding PTCT of HIV among staff nurses
5. Studies related to attitude regarding PTCT of HIV among staff nurses
6. Studies related to Effectiveness of Structured teaching programme

Studies related to prevalence of Parent to child transmission of HIV

A cross sectional study was conducted by Ministry of health, lesotho (1999), to found the prevalence of PTCT. The adult HIV prevalence was estimated at 26.4% among general population (Draft World Bank, Revised HIV prevalence estimated Oct- Nov 1999). In 1998, the adult HIV prevalence rate was estimated 9.8%. (Disease control unit, Ministry of health Lesotho). UNAIDS/WHO estimates put the adult HIV prevalence at 23.57% among 15-49 yrs population in 1999, which is comparable to the World Bank Figure. At the end of 1999, UNAIDS/WHO estimates show that 240 000 people in lesotho were living with HIV/AIDS by the end of 1999 of which 130 000 were women and 8200 were children.

A prospective study conducted by Maseru (2000) to found prevalence of ANC attendance for HIV. Trends of HIV infection among ANC attendance are on increase. Between 1991 and 2000, HIV infection rates increased in all five sites from a range of 0.7- 5.5 % in 1991 to 18.98- 42.2% in 2000. Maluti rural area only 12.29% are infected by HIV.

A study was conducted by Wilkor (1997) to found high prevalence rates. The rates rose dramatically from 5.5% at Queen elizabeth hospital in Maseru,Capital city to 42.2% in 2000. For the sites, Lebrie and Qunthing, HIV infection rates increased from 0.7-3.5% in 1991 to 18.98-26.03% in 2000. Mokhotlong is the new site from 2000 representing mountain area and it is started in 2000. The rates is 12.29% for 2000. The transmission rate of HIV from mother to child can be estimated to vary between 25-48% throughout pregnancy and lactation in the absence of PMCT services. The timing of transmission is thought to be 5- 10% during pregnancy, 10-20% during labour and delivery; and 10- 20% during breast feeding (de Cock et al 2000).

Varga (2008) found that rural south African adolescents were less likely than their urban counterparts to successfully implement most Prevention of Mother to child transmission (PMTCT)- related practices. HIV stigma, family decision-making and cultural norms surrounding infant feeding hampered mother's efforts to implement practices that would decrease the risk for childhood infection. However Becquet and Leory (2005) found prevalence of mixed feeding among women of unknown HIV status in Abidjan, Cote'd, Which practice could increase Mother to child transmission (MTCT) rates.

A descriptive study was conducted by Shaffer et al., 1999 to found high prevalence rates, women aged 15 and older make up 47% of the 36.1 million people who are living with AIDS. Over 90% of these women live in the developing world. Mother to child transmission (MTCT) in children under 10 years of age. Each year more than 600,000 infants become infected with HIV, since the beginning of epidemic, an estimated 5.1 million children worldwide have been infected. Of these,

the over whelming majority have been born in Africa. Due to high fertility rates and high Prevalence in pregnant women. The problem is particularly acute in urban centres in southern Africa where HIV prevalence among pregnant women at antenatal clinics can be high as 30 percent. Rates of up to 70 have been recorded in parts of Zimbabwe. Mother to child transmission (MTCT) in India and southeast Asia appear to be increasingly rapidly.

Studies related to knowledge of women about Parent to child transmission of HIV

A descriptive cross sectional study was conducted by Petrie Kourtis 2006 to assess knowledge of pregnant women on HIV transmission, total 260 women included in the study ranged from 15 to 42 years. The results shows the most 99% (257/ 260) of the women interviewed had heard about HIV. Respectively 80.5% (209/260), 89. 3% and 81.2% (211/ 260) of the women cited pregnancy, delivery and breastfeeding and risk periods for HIV transmission from mother to child. Use of the male condom , the female condom, abstinence, and faithfulness to a single partner were considered as effective methods of HIV prevention by 73% (190/260), 76% (198/260), 88%, (229/260) and 46% (120/260) of respondents respectively. About 79% (64/81) of participants with higher education considered HIV infection to be contagious as opposed to 45.5% (5/11) of women with no formal education (p=0.008). The women have some good knowledge on the prevention of mother to child transmission (PTCT) of HIV. Nevertheless, improving the formal educational level of these women may contribute to a further reduction of HIV transmission.

A cross sectional study was conducted by Shapiro RL (2006) on knowledge perceived risks infection and source of information about HIV/AIDS among pregnant

women in an urban population of Delhi. 200 pregnant women were selected subject were illiterate (44.5%) and least was graduate or more (3.5%) subjects mainly belonged to middle (46.1%) and lower socioeconomic status (53.8%) . The result shown that only 45% subjects responded correctly that AIDS was not transmitted by mosquito bite. More educated had higher good knowledge on modes of transmission compares to illiterate and less educated. Among various groups of educational status, the relationship of good knowledge on modes of transmission was statistically significant.

A cross sectional study was conducted by Palombi L (2007) in Tehran, Iran to evaluate the knowledge of women about HIV and its vertical transmission and prevention among 1577 pregnant women aged 15-46 years who were attending prenatal care clinics data was collected by using questionnaire. The result reported that about 16.5% of the participants had good knowledge about HIV and 54.1% about its transmission routes but awareness about its prevention was only 5.7% of the samples were not tested for HIV earlier and 20.2% were not willing to undergo such tests. About 86.2 % of the samples had no idea about the availability of drug prophylaxis in Iran for prevention from mother to child transmission . Therefore the fact that 20.2% of the samples were not willing to undergo HIV testing reflects negative attitude about HIV infection. Although the overall awareness about the infection and its transmission was good , the knowledge about its prevention by Prevention of Mother to child transmission.

Maputle and jali (2008) found high level of awareness of HIV/AIDS but low level of knowledge about Mother to Child Transmission (MTCT) through breastfeeding among women attending urban teaching hospital in Natal, south africa,

women attending a post natal clinic in urban university teaching hospital in Nigeria had very high levels of knowledge about transmission of HIV from mother to child, but very low levels about the preventive measures (Moses 2009).

A 2008 (chouquet, et al., Mofenson) study found rural and urban areas of Moshi district in the kilimanjaro region of Tanzania found most mothers were aware of the possibility of Mother to Child Transmission (MTCT) during labour and delivery, but about 40% weren't aware it could occur during pregnancy. Mothers thought that babies were fully protected from HIV and other infections while in the uterus. However, less mothers knew about PMTCT modalities, and the rural and younger mothers were more likely to be les knowledgeable (Falnes 2010).

Berhane and Tesfazio (2005) found that 75.5% of Eritrean women were aware that Mother to child transmission(MTCT) can occur , but only 26% of them knew that it can be prevented. Older, more educated and married women were found to have knowledge regarding both MTCT and PMTCT. In a related study, Harms, et al (2005), also found high prevalence of knowledge regarding MTCT among rural women in uganda and Tanzania.

Studies related to prevention of parent to child transmission of HIV

EGPAF 2013-2014 has been at the forefront of developing and rolling out new rule regarding PTCT. A rapid scale up of the world health organization's(WHO) PMCT guidelines and recommending lifelong antiretroviral treatment (ART) to all HIV positive pregnant and lactating women (option B+), has had significant impacts. Our programs have evolved to include HIV treatment services as an integral part of maternal and child health services, both in antenatal care and maternity settings, and in some places, in postnatal settings. This has greatly improved access to life saving

therapy and led to reduced rates of HIV transmission to infants to incredibly low levels. The move option B+ has brought opportunities to improve care of mother-baby pairs and it has brought us steps closer to ending paediatric AIDS.

A randomized study was conducted by Decook between January 15, 2001, and February 28, 2003 double -blind trial of three treatment regimens in Thai women who were receiving zidovudine therapy during third trimester of pregnancy. The end point of the study was infection with HIV in the infants, established by virology testing a total of 1844 thai women were enrolled . Findings revealed that Nevirapine had an effect within subgroup defined by known risk factors such as viral load and CD4 count. No serious adverse effects were associated with nevirapine therapy. The study revealed that a single dose of nevirapine to the mother , with or without a dose of nevirapine to the infant, added to oral zidovudine prophylaxis starting at 28 weeks of gestation, is highly effective in reducing mother to child transmission of HIV.

A study conducted by Van de perre, Africa 2002 revealed that approximately 1900 children infection from their mother. It has been found that 25.45% risk of Parent to Child transmission (PTCT) can be reduced by prevention of sexual transmission for women of child bearing age, access to HIV testing , reduction of unwanted pregnancies by education standard of care in Africa and research should continue to reduce the transmission of risk.

A descriptive study was done by Grant et al., (2004) to evaluate the prevention of mother to child transmission of HIV services and to identify factors for non acceptance of HIV testing among pregnant mothers using structured questionnaire in face to face interviews at five health centres in Temeke district. The result showed that 68.1% of the participants had already had HIV testing. 31.9% had not.

Participants general knowledge of HIV was high, but specific knowledge of mother to child transmission was relatively low. In the multiple logistic regression analysis, frequencies of antenatal clinic visits, awareness of mother to child transmission and intensive family support were significantly and inversely associated with the refusal of HIV testing. This means frequency of antenatal care visits, spreading information of HIV especially mother to child transmission and husbands intensive support are significant factors for increase of HIV test acceptance among pregnant women.

A descriptive study was conducted by Denison J (2010) on 666 women seeking prenatal care 9 medical facilities in Chennai and Mysore in India, to assess their attitudes towards prenatal HIV testing and antiretroviral prophylaxis for preventing perinatal HIV transmission if needed. 78% was aware of the risk of perinatal HIV transmission and 36% new that intervention could reduce the chances of such transmission. 86% would agree to undergo prenatal HIV testing but only 21%of all respondents would make this decision independently. 97% of respondents would undergo antiretroviral prophylaxis to prevent vertical transmission, and 94% would consider alternatives to breastfeeding if HIV positive. Considering its widespread acceptability, prenatal voluntary counselling and testing may be an affordable of HIV prevention for this population.

A study showed by WHO (2000) 50% reduction in the risk of Mother to child transmssion (MTCT) with the administration of a single dose of nevirapine to mothers in labour, the ugandan Ministry of Health began offering a free PMTCT service in a few antenatal clinics in January 2000. Currently, these services are offered in all public hospitals and in almost all primary healthcare centres in 2007.

Studies related to knowledge regarding PTCT of HIV among staff nurses

A cross sectional study was conducted by Guay et al., (1999) to assess the knowledge and behaviour of nurses in the prevention of parent to child transmission of HIV. Imo state , Nigeria with the sample consisting of 155 nurses drawn from three selected hospitals through stratified random sampling method. Findings revealed the nurse had moderate level of knowledge . Knowledge level of nurse who had educational exposure was not different from those who did not. There was a significant difference in the knowledge of nurse who had experience in managing pregnant women living with HIV and those who did not. Also, there was a significant relationship between behaviour and availability of resources. The study revealed that the nurse though moderately knowledgeable skill had gap in certain areas.

A cross sectional study was conducted by Van de Perre (1991) to assess the knowledge and practice of prevention of mother to child transmission of HIV among traditional birth attendants in lagos state, Nigeria. Multistage sampling method was used to select 108 registered nurses in 2 local government areas who were interviewed using pre tested questionnaire. All the respondents were aware of HIV but their awareness of PMTCT specially was not as high. They were also deficient in certain measures to prevent infection of patients and themselves.

A cross sectional survey was found by Muzoora 2000,of 266 health care workers (78% female) from seven rural North Indian health settings was undertaken in late 2002. A self- administered written questionnaire was made in English and Hindi, and the response was 87 percent. The health care workers in this study generally had a positive attitude to caring for people with HIV. The findings of the study showed a general willingness of health care workers to provide care for patients

with HIV, tempered by concerns regarding provision of such care. Strategies to address health care workers concerns are likely to ameliorate the discrimination experienced people with HIV when accessing health care services.

A study was performed by Datta and Bandyopadhyay 19997) among 75 experienced nurses in Calcutta, India. to assess the knowledge about the spread, prevention and attitude towards mother to child transmission of HIV/AIDS . The nurses demonstrated and acceptable level of transmission , but had misconceptions in the areas of disinfection and preventive measures Over all 33% had negative belief towards mother to child transmission. There was a positive correlation seen between knowledge and attitude. The lack of knowledge in some aspects of mother to child transmission of HIV , as well as negative outlook, which may led to poor patient care. It was recommended that in service training be continuously provided to remove the misunderstanding and establish positive and non discriminatory attitudes. The cross sectional study was conducted to determine the knowledge of nurses in the prevention of vertical transmission of HIV. The study sample consisted of 155 nurses from three selected hospital through random sampling method. Data was collected through the use of a self administered questionnaire. The result revealed that nurses had moderate level of knowledge of 51.4%. The score on behaviour was 52.5% .Knowledge level of nurses who had educational exposure was not different from those who did not (t= 1. 439, p= 0.152). There was a significant difference in knowledge of nurses who had experience in managing pregnant women living with HIV and those who did not (t= 2.142, p= 0.003), Also, there was a significant relationship between knowledge and availability of resources .

A cross sectional study was conducted by UNAIDS 2000 to determine the knowledge of registered nurses from Federal, State and Local government health institutions about Parent to child transmission of HIV and skills regarding the care of mother with HIV/ AIDS multi usage of sampling technique was used to select 472 registered nurses who completed a self administered questionnaire. A majority (80.3%) of nurses in the sample, most especially in the teaching hospital, was knowledgeable about PTCT of HIV and was skill full in caring for mother with HIV. However , knowledge deficit was recorded on the organ targeted by AIDS virus, available diagnostic test, inactive agents and drugs used for treating mother with HIV. The majority (60%) felt that there was need to update their knowledge and skills in the care of mother with HIV/AIDS by structured teaching programme.

Studies related to attitude regarding PTCT of HIV among staff nurses

A cross sectional descriptive study was conducted by Newell 2004 of obstetric nurses attitudes and nursing care intention regarding of HIV positive pregnant women in Unites States was conducted. The participants were chosen by random sampling of nurses and 350 nurses responded to the background information tool, and the pregnant women with HIV attitudes scale. Findings revealed that obstetric nurses showed more positive mothering choice attitudes. Nurses who cared for HIV positive women before had more willing to care women with HIV positive infection. The study concludes that nurses clinical care may be influenced by their attitudes and prejudice towards pregnant women with HIV positive infection.

A cross sectional study was conducted in Sweden, Goteborg 2011 to assess the nursing staff and nursing students attitudes HIV infected patients. Descriptive, comparative , quantitative design is used. The participants were nurses (n=57) the

response rate was 62%. Findings of the study were nursing staff expressed empathic attitudes towards HIV infected patients and low degree of fear of HIV contagion. Nursing professionals would refrain from caring for HIV infected patients if that possibility existed. The study concluded that guidelines for nursing mentorship by dedicated nurse, and educational interventions be given in nursing education.

A cross sectional study conducted by Schmid GP 2002 to assess knowledge about HIV positive infection and attitude of nursing staff towards the patients with AIDS in Iran showed that adequate knowledge about HIV infection and anti transmission measures such as universal precautions are important factors in minimising the risk of HIV transmission in the healthcare setting.

A cross sectional study was conducted by UNAIDS 2009 to assess knowledge about HIV positive infection among nursing staff towards the patient with AIDS in Iran. The study included 1098 staff and auxiliary nurses from 8 university techniques hospitals. Registered nurses and registered midwives had significant higher level of knowledge about HIV infection than auxiliary nurses ($X2 = 16.4$, df=1, p; < 0.001) with regard to the causative agent of AIDS. Nurse holding a B.SC nursing or MSc had significantly higher knowledge than did auxiliary nurses (X2 18.6; df=1; p,0.001) . Women more often answered correctly that it is not possible to identify HIV infected patients by their appearance during early stages of disease than did men ($X2 = 17.52$; df= 1; p< 0.001) although 50.7% of respondents had previously cared for patients with AIDS and 54.3% had participated in educational programmes on AIDS and that, if assigned to care for such a patient they would ask to be assigned elsewhere.

A descriptive study was conducted by Zaba B 2005 to assess the knowledge about HIV and attitudes among consecutively selected staff nurses in North western

country, with a population of 2 million with about 25, 000 pregnancies per year. A structured pretested questionnaire was used for collecting the data. The study found that limited knowledge of mother to child transmission with several misconceptions. The study suggested that it was important to design HIV information strategies that target pregnant women in north western countries.

Studies related to Structured teaching programme

A descriptive study was done to evaluate the prevention of parent to child transmission of HIV and to identify factors for non accepting of HIV testing among pregnant women using a structured teaching programme.

A cross sectional study was conducted by Schmid CH 2007 to assess knowledge and attitude towards PTCT and its preventive methods on postnatal mothers who delivered at Tikur Anbessa Memorial hospital, Addis Ababa, from January to march 2004. A structured pretested questionnaire was used for data collection. A total of 384 mothers were from Addis Ababa. The findings revealed that most mothers in this study knew that HIV could be transmitted from mother to child and that it can be prevented. The study revealed that majority are of the opinion that VCT can be preventive strategy and most of them have the intention to have counselling before the next pregnancy.

A prospective study was conducted by Jackson JB, Lancet 2003 to assess the knowledge and attitudes towards HIV before and after Information Education and communication (IEC) programmes on two different nursing groups. The study was conducted on post graduate staff (67 nurses) and undergraduate nursing students (73 students). A significant improvement in the general knowledge score was observed (from 7.29 $\pm$ 1.2 to 8.01$\pm$ 1.5 with $p<0.001$). The intervention succeed to improve the

mode of transmission knowledge score significantly from 6.83± 0.9 to 7.21 ± 0.8 ($p < 0.001$), Further more the intervention significantly improved the prevention knowledge score. The main source of information was television (66.7%). Although favourable attitudes increased it did not reach the desired level. A planned HIV/AIDS education programme significantly improved the HIV/ AIDS knowledge, and a lesser extent the perceptions and attitudes toward patients with HIV/AIDS. Further structured education should be conducted emphasising the role of mass media.

A cross sectional study was conducted to by Taha TE 2007 assess knowledge and to determine the effects HIV/AIDS before and after nurse led train - the trainer HIV education programme on improving the HIV knowledge of nurses. A group senior nurse (N=10), were responsible for training a cohort of 10 nurses each, totalling 100 nurses. Pre test and post test scores were calculated using a self administered structured questionnaire post test scores ranged from 82.7 to 90% and 22% of the samples in the pre test questionnaire, was correctly answered total knowledge score improved significantly from pre test to post test as well ($t= 9.20$, $p< 0.001$) and over all mean post test score of 16.4 (SD= 4.15). The total mean pre test cognitive knowledge of the participants was 5.6 (SD= 4.0), while the post test score was 7.4 (SD= 1.94) Thus, there was a significant knowledge gain after HIV education programme.

Mitchell et al. 2001, Masaka and Sembabule districts in uganda, an evaluation of a commnity- based informatin Education and Communication (IEC) HIV/AIDS program found that videos and dramas were the most preferred channels of information, followed by leaflets and community educators among rural respondents.

Igumbor, et al (2006) found high rates of ANC attendance in the catchment areas of Tshilidzini Hospital in South Africa, but the frequency of ANC attendance had no correlation with the level of exposure to health education and information (HEI) regarding PMTCT. Two thirds of the participants received PMCT information most frequently from radios.

Katushabe (2005) in the Mbale study referred to above found out that hospital health education was the most frequently (53%) stated channel through which women got information regarding MTCT and PMTCT. Other channels included friends, radios, seminars and news papers at 20, 13, 7.4 and 7.2% mention respectively.

CHAPTER III

Methodology

Research methodology is the systematic, theoretical analysis of the methods applied to field of study. Research methodology is the way of systematically solve the research problem. It comprises the theoretical analysis of the body of methods and principles associated with branch of knowledge. Typically it encompasses concept such as paradigm theoretical model, phases and quantitative or qualitative techniques. It has been defined as the analysis of the principles of methods, rules and postulates employed by a discipline. It is the study or description of methods.

This chapter includes the research approach, research design, setting of the study, variables, populations, sample size, sampling technique, sample selection criteria, description of tool, validity and reliability, pilot study, data collection procedure and plan for data analysis.

Research approach

Research approaches are plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis and interpretation.

This study meant to assess the effectiveness of structured teaching programme on knowledge and attitudes regarding prevention of parent to child transmission of HIV and its management among staff nurses. The research approach used for the study was quantitative research approach.

Research Design

The research design is the master plan specifying the methods and procedures for collecting and analysis the needed information in the research study.

Research design is a blue print to conduct a research study, which involves the description of research approach, study setting , sampling size, sampling technique, tools and method of data collection and analysis to answer a specific research questions or for testing research hypothesis (Sharma 2002)

The design used in this study was pre experimental one group pre test, post test design.

E O1 **X** O2

E - Experimental group

O1 - Pre test to determine the knowledge and attitude on prevention of parent to child transmission of HIV and its management among staff nurses.

X - Structured teaching programme on prevention of parent to child transmission of HIV and its management among staff nurses.

O2 - Post test to evaluate the effectiveness of structured teaching programme on prevention of parent to child transmission of HIV and its management among staff nurses

Setting of the study

Setting is a location for conducting a research (Sharma- 2002)

The setting selected by the investigator to conduct the study was Sree mookambika medical college hospital, Kulesekaram in kanyakumari district, Tamilnadu. It is a 550 beded multi speciality Hospital and 79 wards are present and staff nurses 237. This hospital was choosen, because it is situated in college camps and the availability of samples.

Variables

Variables are concept at different level of abstraction that are concisely defined to promote their measurement or manipulation within study (Chinn and Karmer- 2000).

Independent variables : Structured teaching programme

Dependent variables : Knowledge and attitudes regarding prevention of parent to child transmission of HIV and its management

Demographic variables : Age, qualification, years of experience, Working area, and income

Population

Population is a total category of persons or objects that meets the criteria for study established by the researcher, any set of persons, objects or measurements having an observable characteristics in common.(Basvanthappa - 1999)

The population in this study consists of

1. **Target population** : The target population refers to the staff nurses working in Sree mookambika medical college

2. **Accessible population** : The accessible population is those nurses working in all wards of Sree Mookambika Medical college Hospital.

Sample size

Sample size is a number of subjects, events, behaviours, situations that are examined in a study (Sharma - 2002)

The sample size consists of 60 staff nurses.

Sampling Technique

Sampling is the process of selecting representative units of a population for study in a research. It is the process of selecting a subset of a population in order to obtain information regarding a phenomenon in a way that represents the entire population (Basvanthappa -1999)

Purposive sampling technique is used for this study. The sample was selected on the basis of inclusion and exclusion criteria.

Sample selection criteria

Sampling criteria is a list of the characteristics essential for inclusion or exclusion in the target population (Sharma - 2002)

Sample was selected based on the following inclusion and exclusion criteria.

Inclusion criteria

1. Staff nurses age between 25 - 45 years
2. Staff nurses working in all wards
3. Staff nurses who are willing to participate
4. Staff nurses who can understand English and Tamil

Exclusion criteria

1. Staff nurses who are absent on the day of data collection
2. Not willing to participate in this study
3. Sick at the time of data collection

Data collection tool

The various technique of data gathering involve the use of appropriate recording forms, these are called tools for instruments for data collection.

A research tool is an instrument used to collect data. Anything that becomes a means of collecting information for the study is called a research tool or a research instrument

After extensive review of literature and experts guidance, the tool was prepared.

Description of the tool

The tool consists of 3 sections

Section A : Demographic variables

Section B : Structured questionnaire

Section C : 5 point Likert attitude scale.

Section A : Demographic variables

This first section deals with demographic variables such as Age, qualification of staff nurses, area of work, income, year of experience and previous knowledge about Paret to child transmission of HIV

Section B : Structured questionnaire

Structured questionnaire consists of 25 questions to assess the knowledge on prevention of parent to child transmission of HIV and its management among staff nurses. For wrong answer zero mark is given. Each correct answer carries one mark. Total score is 25.

Classification of score

- < 50% - In adequate knowledge
- 51- 75% - Moderately adequate knowledge
- >75% - Adequate knowledge

Section : c

Consists of 5 point Likert attitude scale. The likert attitude scale consists of one statement column and 5 response columns. Statement column consists of 10 positive statements. Response columns has the following options.

5 - Strongly agree

4 - Agree

3 - Undecided

2 - Disagree

1 - Strongly disagree

The scoring is classified as following

0 - 25 - Negative attitude

25-50- Neutral

50- 75- positive attitude

Testing of the tool

Content validity and Reliability:

Validity refers to the degree to which an instrument measures what it supposes to measure . Content validity of the tool was established on the basis of the opinion of five experts, five experts from the field of Obstetric and Gynaecological nursing personnel. The necessary suggestions and modifications were incorporated in the final preparation of the tool, (Polit and Hungler 2000).

Reliability is the degree of consistency and accuracy with which an instrument measures the attribute for which it is designed to measure , (Sharma- 2002).

Reliability of the tool was identified by test retest method and evaluated by using spearman's correlation formula, the findings shows that the value r=0.8. Hence tool is reliable.

Pilot study

Pilot study s the study carried out at the end of the planning phase of research, in order to explore and test the research elements, (Basvanthappa -1999) and to test feasibility in conducting the main study, the pilot study was conducted.

The pilot study was conducted in Sree mookambika medical college hospital, kulasekharam, six staff nurses were selected as study sample. The pilot study was conducted for a period of 7 days. Structured questionnaire and 5 point Likert attitude scale was used for data collection. Pilot study findings revealed that the study was feasible and the tool was appropriate for the study.

Data collection procedure

The pilot study was found to be practicable and feasible to conduct the final study among staff nurses. The final study was conducted in sree mookambika medical college hospital, Kulesekaram. Before starting the study, the investigator obtained permission from hospital authorities for conducting the study. The subjects were explained about the study and consent was taken.

Data collection period was one month. This study was conducted with 60 samples.

Purposive sampling method was used. Pre test was conducted for the selected staff nurses by structured knowledge questionnaire was used to assess the knowledge and 5 point likert scale was used to assess the attitude of staff nurses regarding prevention of parent to child transmission of HIV. After pre test, structured teaching programme was given to the staff nurses for 1 hour for two days. At the end of the week post test was conducted.

Plan for Data Analysis

The data was organized, tabulated, summarized and analyzed by using descriptive and inferential statistical analysis.

Descriptive statistical methods like frequency, arithmetic mean, standard deviation were used to assess the knowledge and attitude among staff nurses.

Inferential statistical methods like paired 't' test was used to assess the effect of structured teaching programme and chi-square test were used to associate the selected variables.

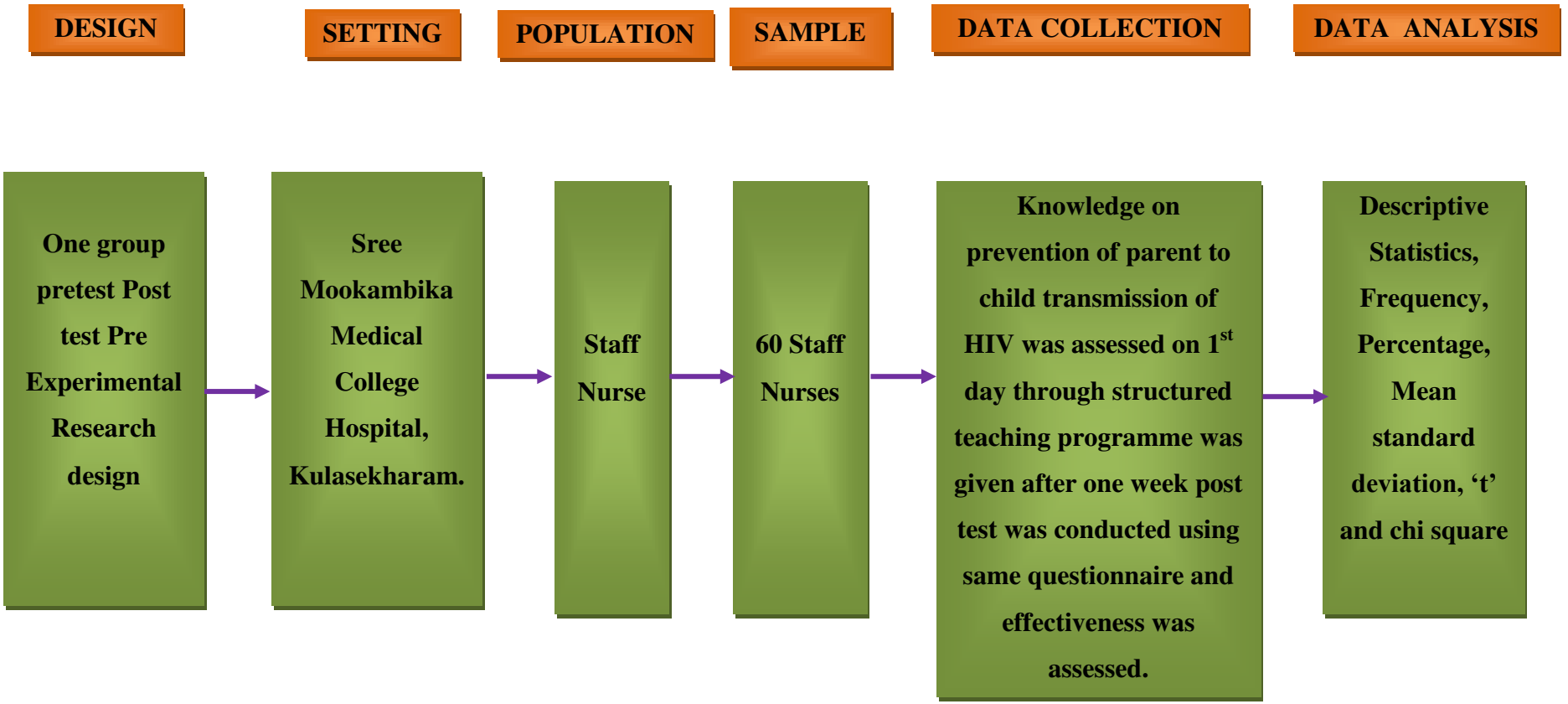

Figure 2 : Schematic Representation of Research Design

CHAPTER IV

Data analysis and interpretation

Introduction

Statistical analysis is a method of rendering quantitative information meaningful and intelligible. It is intended to light the findings of the study. This chapter deals with the analysis and interpretation of data collected in accordance with the objectives stated for the study. The data collected was analysed by using descriptive and inferential statistics.

The analysis and interpretation of knowledge and attitude of prevention of parent to child transmission of HIV and its management among staff nurses, effectiveness of structured teaching programme was made by descriptive statistics and demographic variables with the knowledge of staff nurses regarding prevention of parent to child transmission of HIV and its management by Chi-square test. The level of significance was tested.

Objectives of the study

- To assess the knowledge regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To assess the attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To determine the effectiveness of Structured Teaching Programme regarding prevention of parent to child transmission of HIV and its management among Staff Nurses.

- To find out the association between knowledge and their selected demographic variables such as age, qualification, years of experience, income, working area in their speciality among the Staff Nurses.
- To find out the association between attitude and their selected demographic variables such as age, qualification, years of experience in their speciality, income and working area, among the Staff Nurses

Section A: Demographic variables:

This section deals with the distribution of samples according to the demographic variables of study subjects.

Table 1

Frequency and percentage Distribution of Demographic Variables (N= 60)

Sl. No	Demographic variables		Frequency	Percentage
1.	Age			
	a)	21- 28 yrs	40	66.7%
	b)	28- 35 yrs	12	20%
	c)	35 - 45 yrs	8	13.3%
2.	Qualification			
	a)	ANM	2	3.3%
	b)	GNM	24	40%
	c)	Bsc (N)	32	53.4%
	d)	Msc (N)	2	3.3%
3.	Years of experience			
	a)	0- 4 yrs	38	63.3%
	b)	4- 5 yrs	10	16.7%
	c)	5- 10 yrs	10	16.7%
	d)	>10 yrs	2	3.3%
4.	Working area			
	a)	Antenatal ward	10	16.7%
	b)	Labour Room	3	5%
	c)	Postnatal ward	5	8.3%
	d)	Other wards	42	70%

Sl. No	Demographic variables	Frequency	Percentage
5.	Income		
	a) Rs.3000/ - Rs.5000/	28	46.7%
	b) Rs. 5000/ - Rs. 10000/	30	50%
	c) Rs. 10000- Rs. 15000/	2	3.3%

The above table describes that 67% participants belongs to the age group of 21 - 28 yrs, 20% belonging to the age group of 28 - 35 yrs, 13% were belonging to the age group of 35 - 42 yrs. Regarding qualification, 3% completed ANM and 40 % completed GNM and 54% completed B.Sc (N) degree and 3% completed M.Sc (N) degree. Regarding years of experience, 63% are 0 -4 years and 17% are 4 - 5 years and 17% are 5 -10 yrs and 3% are above 10 years no one had the experiences. Regarding working area, 17% are working in Antenatal ward and 5% are working in labour room and 8% are working in postnatal ward and 70% are working in other wards. Regarding monthly income,47% earning between Rs. 3000- 5000/, 50 % are earning Rs. 5000/ - 10000, and 3 % are earning Rs. 10000- 15000/.

The above findings are represented as bar diagram in the figure 3 to 7 as follows.

1. Distribution of samples According to their Age of Staff nurses is represented as Bar diagram in Figure 3
2. Distribution of samples According to their Qualification of staff nurses is represented as Bar diagram Figure 4
3. Distribution of samples According to their Years of experience of staff nurses is Bar diagram represented as Figure 5
4. Distribution of samples According to their Working area of staff nurses is represented as Bar diagram Figure 6
5. Distribution of samples According to their Income of staff nurses is represented as Bar diagram Figure7

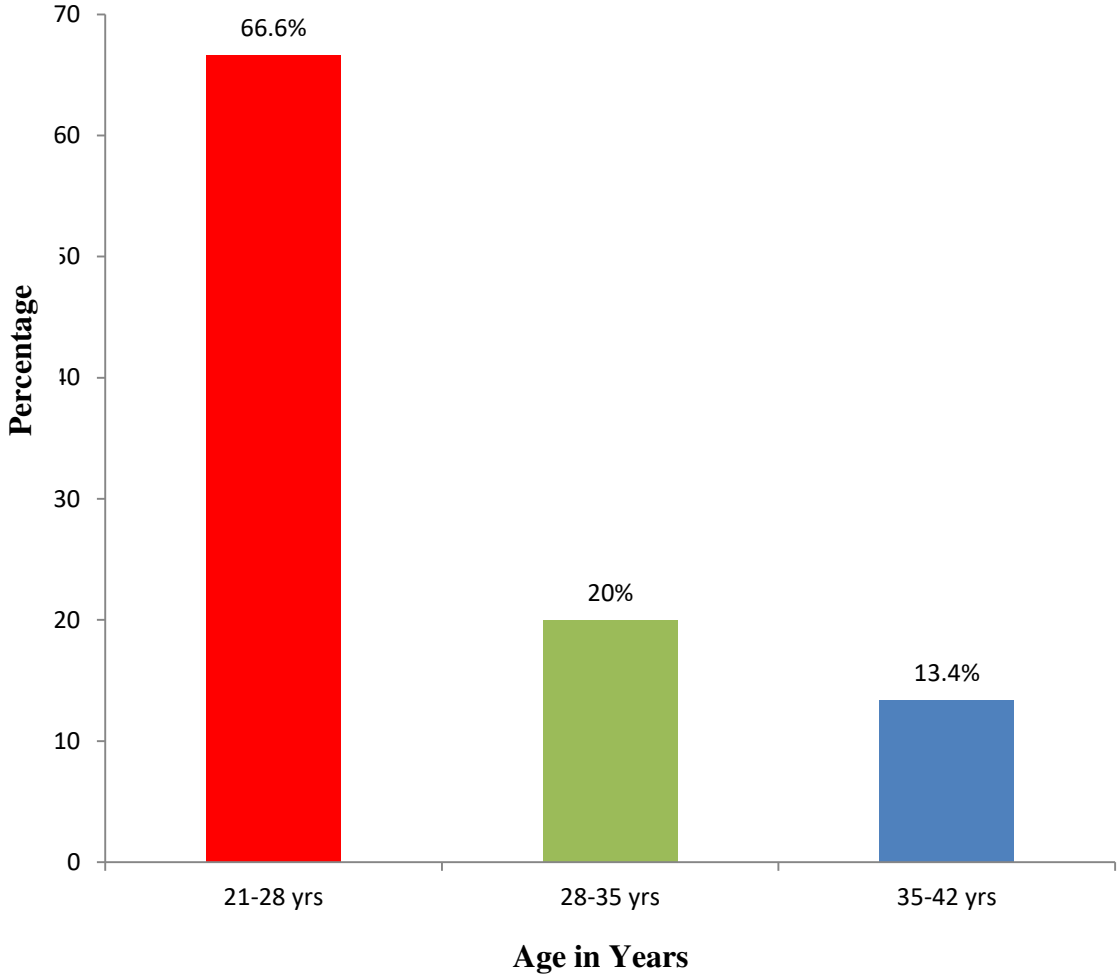

Figure 3 **: Bar diagram Representing Distribution of Samples According to their Age**

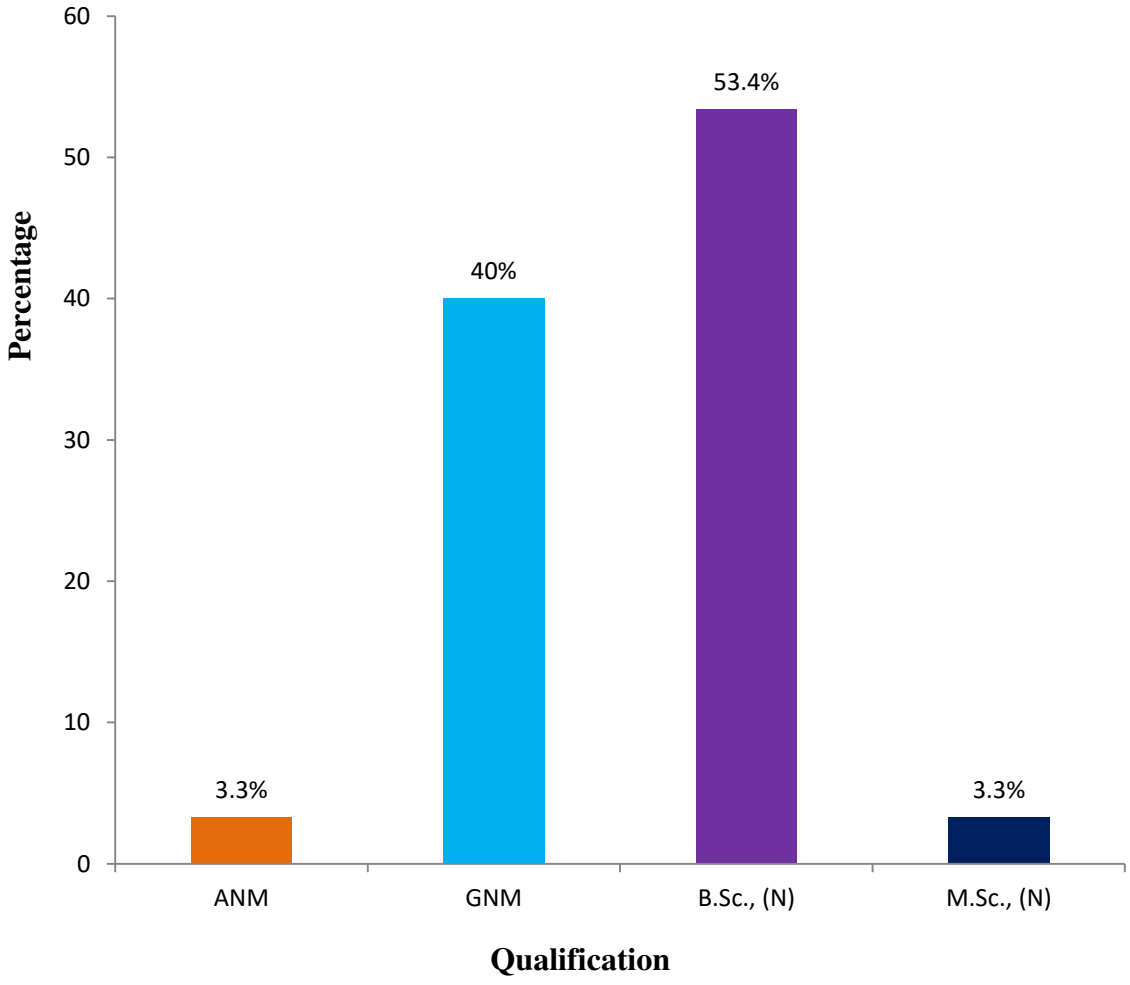

Figure 4 **: Bar Diagram Representing Distribution of Samples According to their Questions**

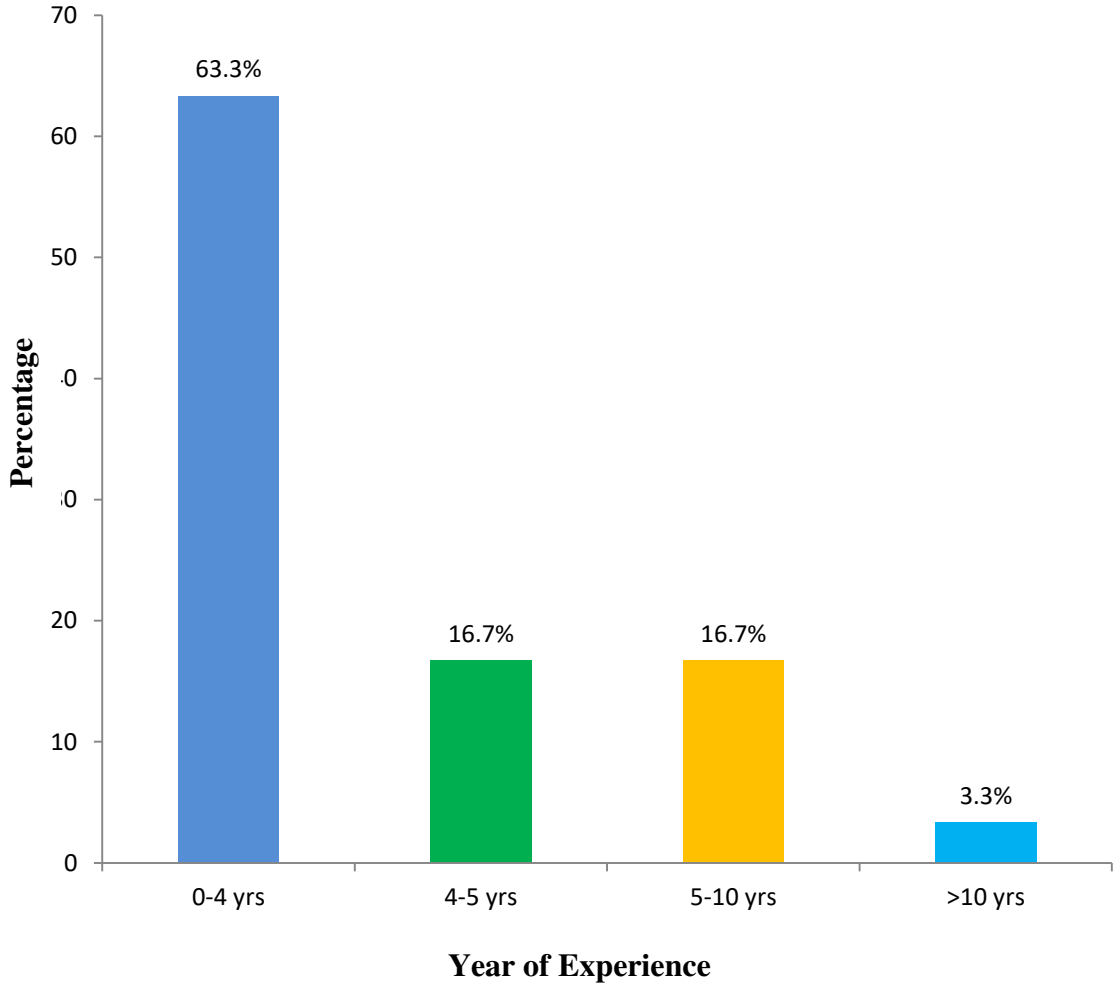

Figure 5 **: Bar Diagram Representing Distribution of Samples According to their Years of Experience**

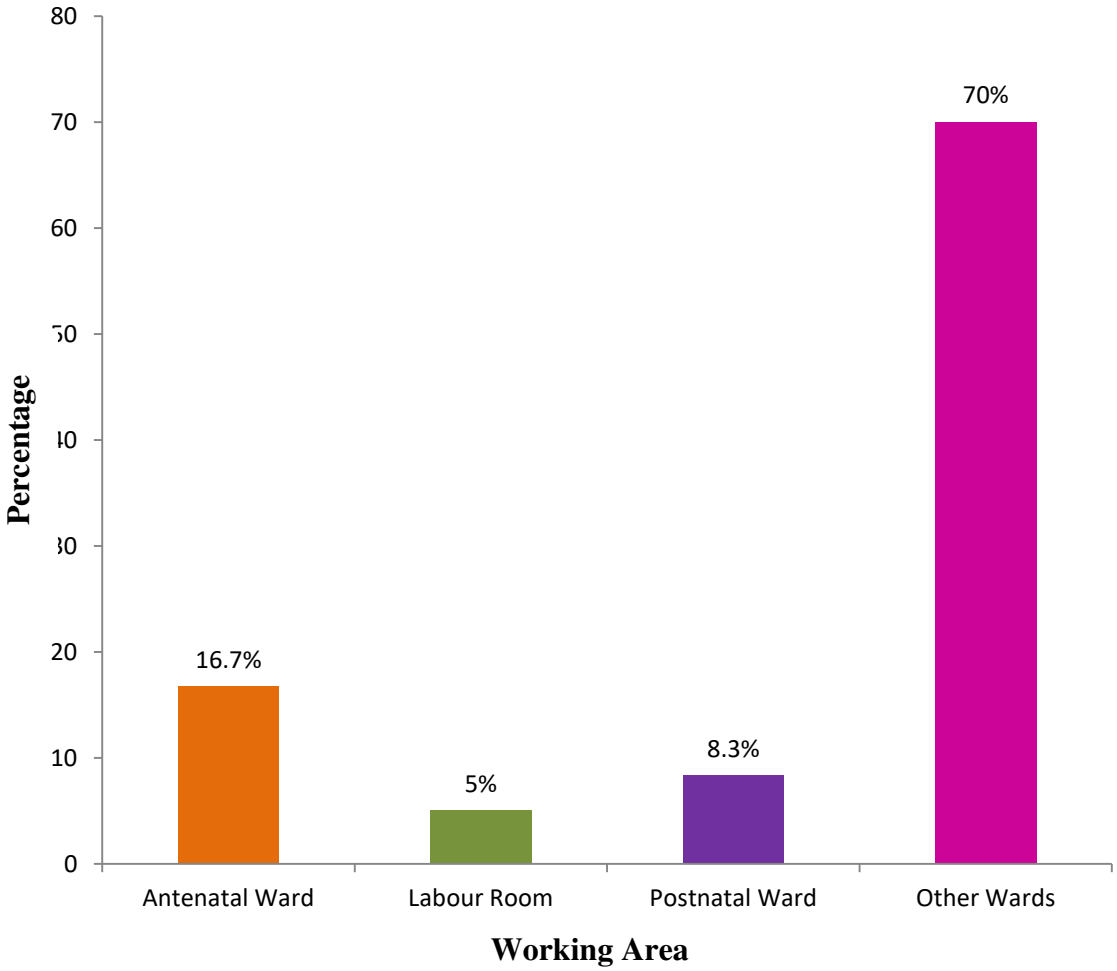

Figure 6 **: Bar Diagram Representing Distribution of Samples According to their Working Area**

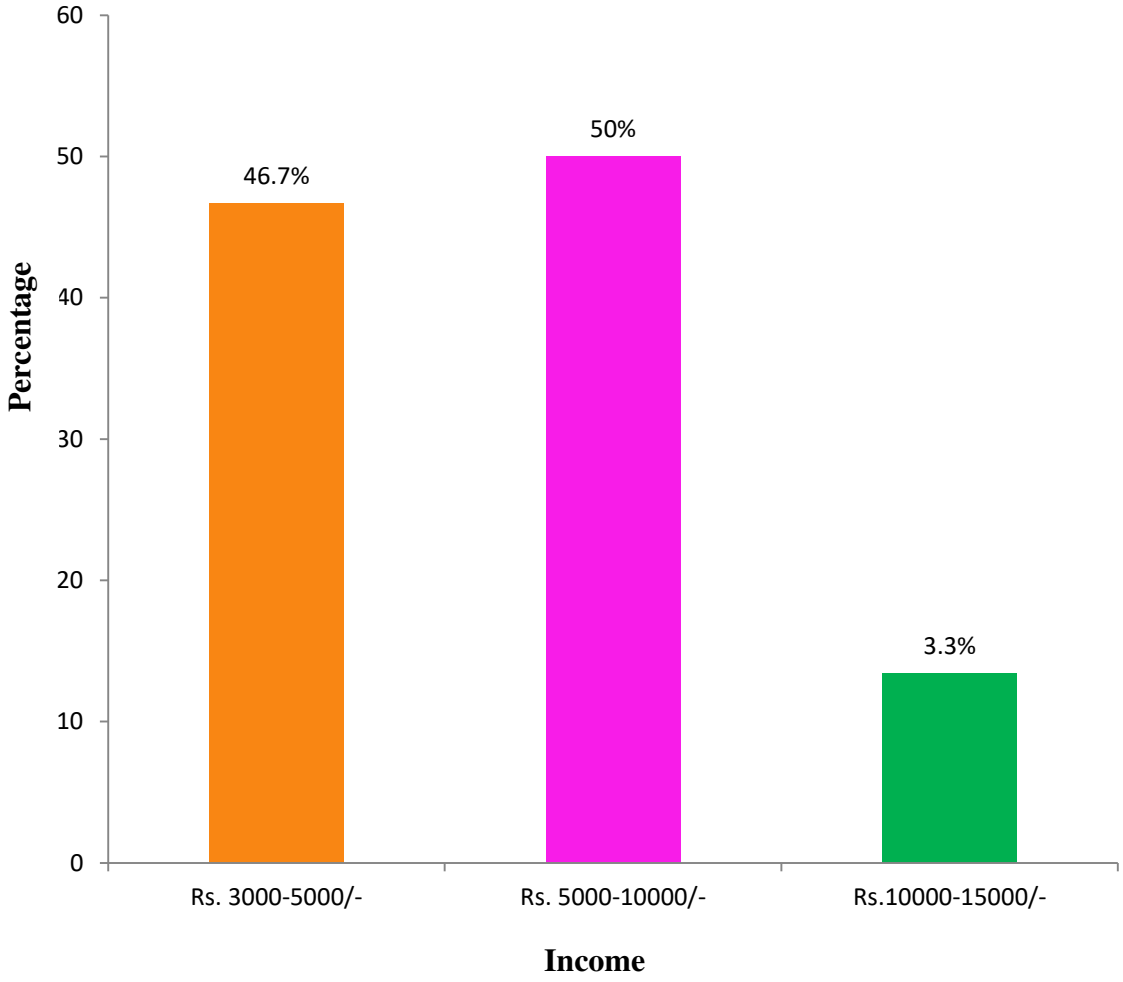

Figure 7 **: Bar Diagram Representing Distribution of Samples According to their Income**

Section B : Pre test level of knowledge of staff nurses

This section deals with the level of pre test knowledge and attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses.

Table : 2a Pre test level of knowledge of staff nurses. **(N = 60)**

Category	Adequate Knowledge		Moderately Adequate Knowledge		Inadequate Knowledge	
	f	%	f	%	f	%
Experimental Group	0	0	15	25	45	75

The above table depicts that 75% of nurses got inadequate knowledge and only 25% of nurses had moderately adequate knowledge and none of the nurses got adequate knowledge regarding parent to child transmission of HIV and its management.

The above findings are presented as bar diagram in the figure 8a

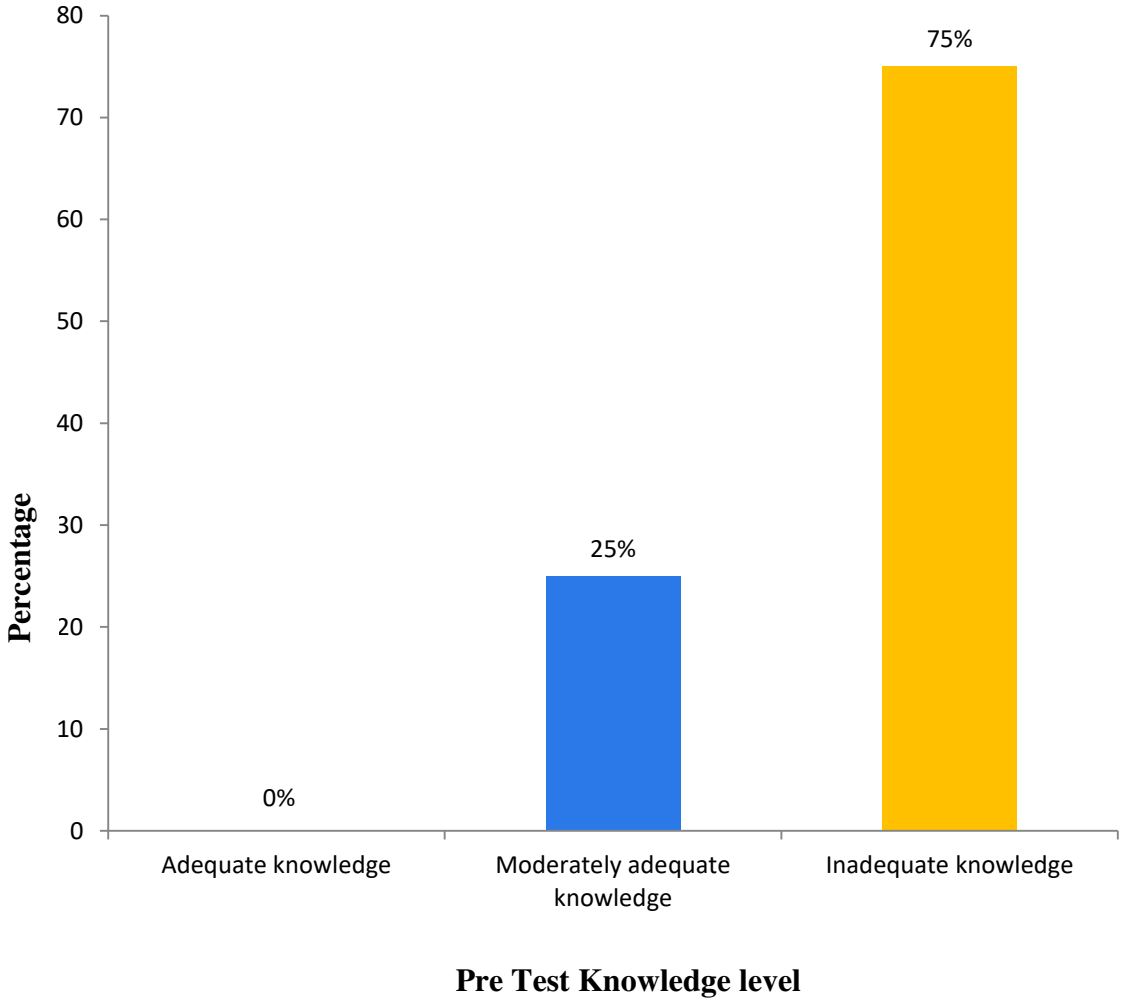

Figure 8a **: Bar Diagram Representing Pre test Level of Knowledge among Staff Nurses**

Table 2 b Pre test Level of Attitude of Staff nurses **(N=60)**

Category	Positive Attitude		Neutral		Negative Attitude	
	f	%	f	%	f	%
Group	10	16.7	5	8.3	45	75

The above table depicts that 16.7% of staff nurses had positive attitude and 8.3% of staff nurses got Neutral and remaining 75% had negative attitude level.

The above findings are presented as pie diagram in the figure 8b.

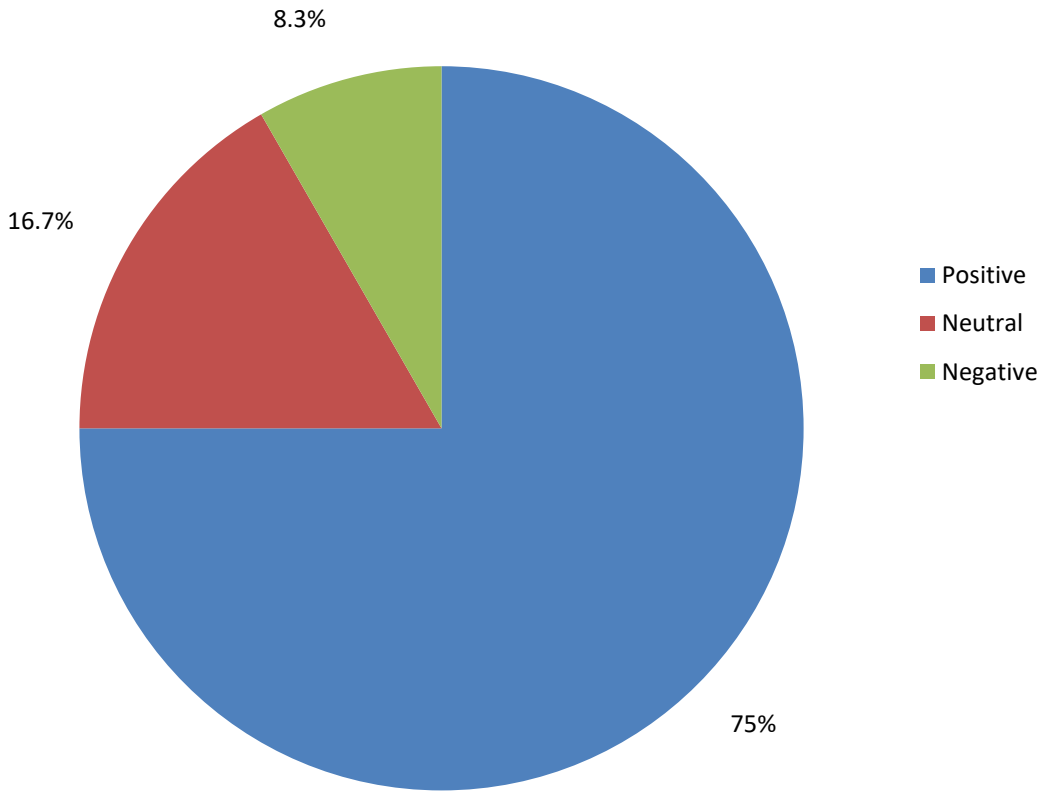

Figure 8b **: Pie Diagram Representing the Pre Test Level of Attitude Among Staff Nurse**

Section c : Post test level of Knowledge among staff nurses

This section deals with post test knowledge level regarding prevention of parent to child transmission of HIV and its management among Staff nurses.

Table 3 a. Post test level of Knowledge of Staff nurses: (N=60)

Category	Adequate Knowledge		Moderately Adequate Knowledge		Inadequate Knowledge	
	f	%	f	%	f	%
Experimental Group	42	70	18	30	0	0

The above table shows that 70% of staff nurses got adequate knowledge, 30% of staff nurses got moderately adequate knowledge, none of the Staff nurses got Inadequate knowledge in the post test knowledge assessment.

The above findings are depicted as bar diagram in the figure 9 a.

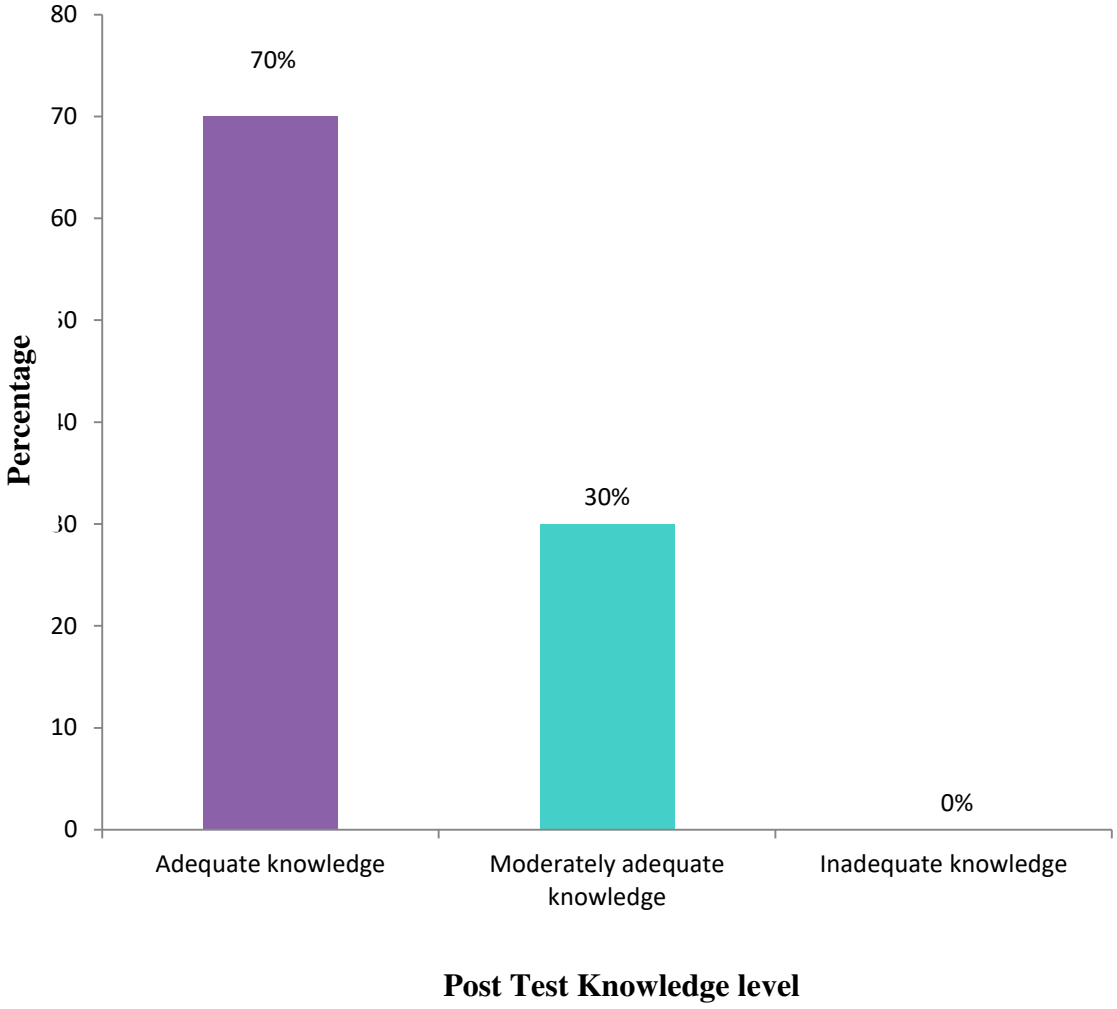

Figure 9a **: Bar Diagram Representing the Post test level of Knowledge among Staff Nurses.**

Table 3b : Post test Level of Attitude of Staff Nurses **(N =60)**

Category	Positive Attitude		Neutral		Negative Attitude	
	f	%	f	%	f	%
Group	50	83.3	10	16.7	0	0

The above table depicts that 83.3% of staff nurses got positive attitude and 16.7% of staff nurses got neutral and none of the staff nurses got negative attitude.

The above findings are presented as pie diagram in the figure 9 b

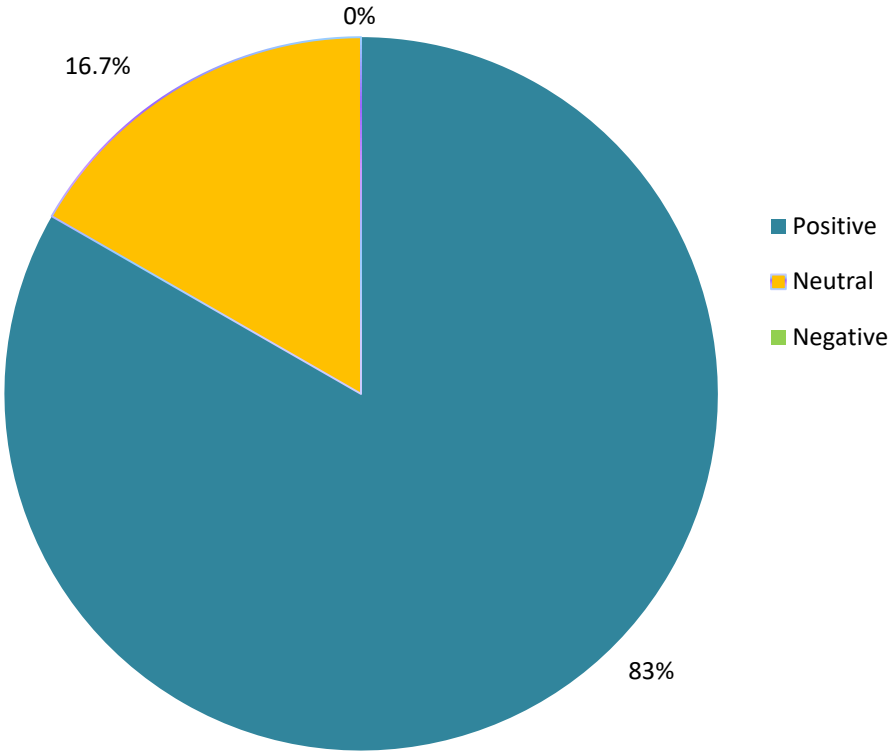

Figure 9b **: Pie Diagram Represents the Post test level of Attitude among Staff Nurse**

Section : D Effectiveness of Structured Teaching Programme on the Knowledge and Attitude Level.

This section deals with the effectiveness of Structured teaching programme on knowledge and attitude level of staff nurses regarding prevention of parent to child transmission of HIV and its management among staff nurses

Table : 4

Effectiveness of Structured teaching programme on Prevention of parent to child transmission of HIV and its management among staff nurses **(N=60)**

Category	Pre test		Post test		df	t value	Table value
	Mean	SD	Mean	SD			
Knowledge level	7.6	3.2	14.68	2.6	59	18.5*	2.005
Attitude level	7.9	3.19	15.48	3.7	59	18.80*	2.005

* Significance at P< 0.05

The above table depicts that the effectiveness of structured teaching programme regarding prevention of parent to child transmission of HIV and its management among staff nurses. The mean score of the knowledge level was high after giving the structured teaching programme from 7.6 to 14. 68 and the standard deviation was 3.2 to 2.6 respectively. The above table reveals that the calculated value is higher than that of the table value (t value is 2.005) with df 59 and 0.05 level of significance (P< 0.05). There is significant improvement in the level of knowledge

after structured teaching programme. From the above table , t value is 18.80, level of significance =<0.05. The mean score of the attitude level was high after the structured teaching programme from 7.9 to 15.48 and the standard deviation was 3.19 to 3.7 respectively. The above table reveals that the calculated value is higher than that of the table value (table value is 2.005) with df 59 and 0.05 level of significance (P<0.05). There is significant improvement in the knowledge level and the attitude level after the structured teaching programme.

The above findings are represented as bar diagram in the figure 10.

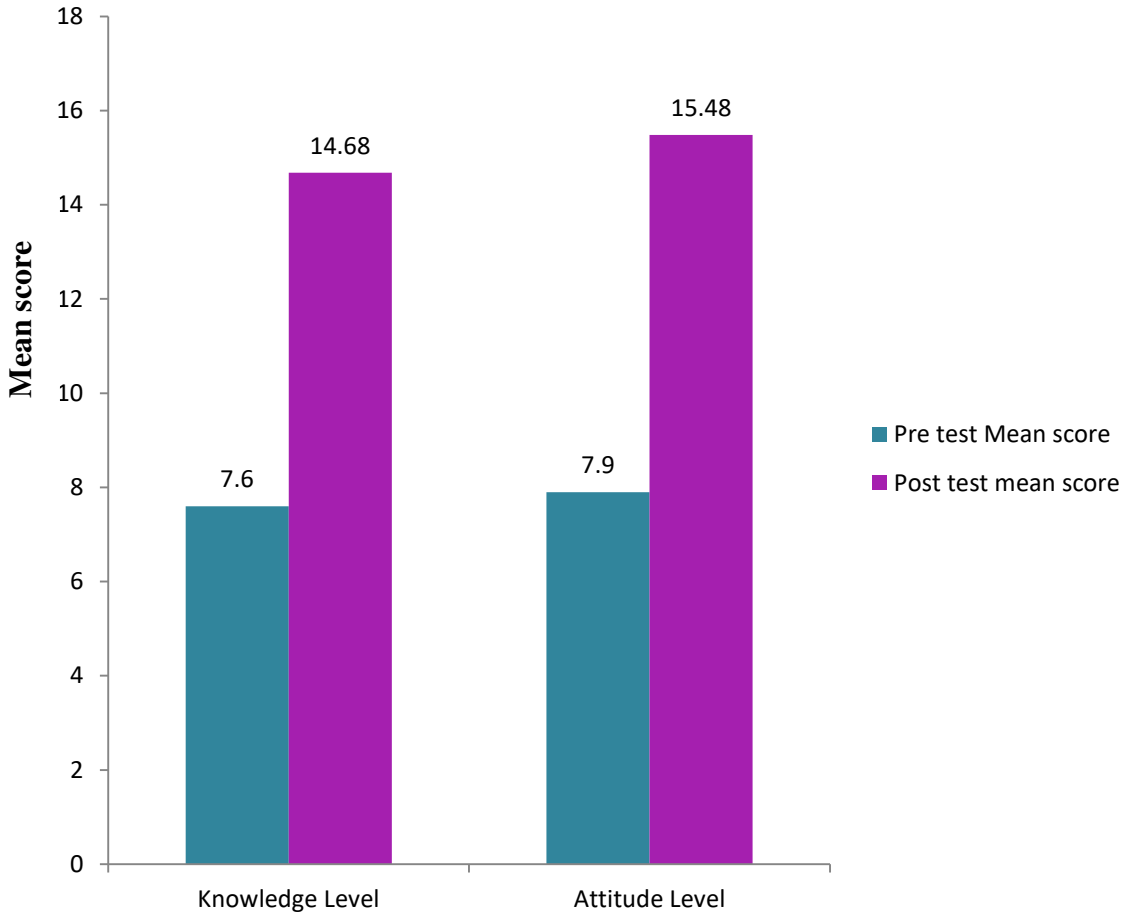

Figure 10 **: Bar Diagram Representing the Effectiveness of Structured Teaching Programme on Knowledge and Attitude level.**

Section :E Association between the level knowledge and selected Demographic variables.

This section deals with the association between the level of knowledge and selected demographic variables.

Table 5

Association between level of knowledge and selected demographic variables.

(N=60)

Sl. No	Demographic Variables	Adequate knowledge		Moderately Knowledge		Inadequate knowledge		x^2	df	Table value
		f	%	f	%	f	%			
1.	Age									
	(a) 21-28 yrs	0	0	25	41.7	15	25			
	(b) 28-35 yrs	0	0	8	13.3	4	6.7	2	5	4.03
	(c) 35-42 yrs	0	0	5	8.3	3	5			
2.	Qualification									
	a) ANM	0	0	0	0	2	3.3			
	b) GNM	0	0	14	23.3	10	16.7			
	c) BSc(N)	0	0	23	38.3	9	15	1.7	7	3.49
	d) MSc(N)	0	0	1	1.7	1	1.7			
3.	Years of experience									
	(a) 0-4yrs	0	0	22	36.7	16	26.7			
	(b) 4-5yrs	0	0	7	11.7	3	5	4.0*	7	3.49
	(c) 5-10yrs	0	0	7	11.7	3	5			
	(d) >10yrs	0	-	1	1.6	1	1.6			

4.	Working area									
	(a) Obstetrical ward	0	0	5	8.3	5	8.3			
	(b) Labour room	0	0	2	3.3	1	1.8			
	(c) Postnatal ward	0	0	2	3.3	3	5	6.8*	7	3.49
	(d) Other Wards	0	0	27	45	15	25			
5.	Income									
	(a) Rs.3000-Rs.5000/-	0	0	19	31.6	9	15			
	(b) Rs.5000-Rs.10000/-	0	0	18	30	12	20	3.0	5	4.03
	(c) Rs.10000-Rs.15000/-	0	0	1	1.7	1	1.7			

*Significant at $P < 0.05$

(Note - In the above table the scores of adequate knowledge and Moderately adequate knowledge are combined in to the category of Adequate knowledge and remaining scores of Inadequate are used without any change.)

The above table shows there is an significant association between knowledge and years of experience, working area and there is no association between knowledge and other demographic variables such as age, qualification and income.

Section : F Association between the Attitude and selected Demographic variables.

This section deals with the association between the attitude and selected demographic variables.

Table 6

Association between attitude and selected demographic variables. **(N=60)**

Sl. No	Demographic Variables	Adequate knowledge		Moderately Knowledge		Inadequate knowledge		x^2	df	Table value
		f	%	f	%	f	%			
1.	Age									
	a) 21-28 yrs	2	3.3	2	3.3	36	60			
	b) 28-35 yrs	5	8.3	3	5	4	6.7	2.5	5	4.03
	c) 35-42 yrs	1	1.7	2	3.3	5	8.5			
2.	Qualification									
	a) ANM	0	0	1	1.7	1	1.7			
	b) GNM	4	6.7	8	13.3	12	20			
	c) BSc(N)	3	5	10	16.7	19	31.6	6.5*	7	3.49
	d) MSc(N)	0	0	0	0	2	3.3			
3.	Years of experience									
	a) 0-4yrs	3	5	12	20	23	38.2			
	b) 4-5yrs	1	1.7	3	5	6	10			
	c) 5-10yrs	0	0	3	5	7	11.7	4.2*	7	3.49
	d) >10yrs	0	0	1	1.7	1	1.7			

4.	Working area									
	a) Obstetrical ward	1	1.7	3	5	6	10			
	b) Labour room	0	0	1	1.7	2	3.3			
	c) Postnatal ward	1	1.7	2	3.3	2	3.3	3.4	7	3.49
	d) Other Wards	5	8.3	11	18.3	26	43.4			
5.	Income									
	(a) Rs.3000-Rs.5000/-	3	5	10	16.6	15	25			
	(b) Rs.5000-Rs.10000/-	4	6.7	11	18.3	15	25	2.48	5	4.03
	(c) Rs.10000-Rs.15000/-	0	0	1	1.7	1	1.7			

*Significant at $P < 0.05$

(Note - In the above table the scores of adequate knowledge and Moderately adequate knowledge are combined in to the category of adequate knowledge and remaining scores of inadequate knowledge are used without any change.)

The above table reveals that there is an significant association between attitude and qualification, years of experience, and there is no association between attitude and other demographic variables such as age, working area and income.

CHAPTER V

Result and Discussion

This chapter gives a brief account of the present study including result and discussion with some of the relevant studies done in different settings. The findings of the present study were compared with some of the relevant studies done in different settings.

The present study was undertaken to assess the effectiveness of Structured Teaching programme on knowledge and attitudes regarding prevention of Parent to child transmission of HIV and its management among Staff nurses on Sree Mookambika medical college hospital, Kulesekaram at Kanyakumari District. The study was conducted in Sree mookambika Medical college hospital, Kulesekaram, at Kanya kumari District. The pre test was conducted by using structured questionnaire. After the Structured Teaching Programme the knowledge and attitude level of staff nurses was assessed by same questionnaire. The result and discussion of the study was based on the findings obtained from the statistical analysis. Mean score was used to assess the pre and post test level of knowledge. The statistical analysis 't' test was used to test the significant difference between the pre and post test score. Chi square was used to find out the association between the selected demographic variables with the level of knowledge and attitude regarding Parent to child transmission of HIV and its prevention among staff nurses.

Objectives of the study:

- To assess the knowledge regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To assess the attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To determine the effectiveness of Structured Teaching Programme regarding prevention of parent to child transmission of HIV and its management among Staff Nurses.
- To find out the association between knowledge and their selected demographic variables such as age, qualification, years of experience in their speciality, income, working area, among the Staff Nurses.
- To find out the association between attitude and their selected demographic variables such as age, qualification, years of experience in their speciality, income, and working area among the Staff Nurses.

Presentation of findings:

The study findings shows that the distribution of subjects according to the demographic variables 67% participants in the age group of 21-28 yrs 20% were in the age group of 28-35 yrs 13% were in the age group of 35-42 yrs. Regarding qualification 3% of participants completed ANM and 40% completed GNM and 54% are Bsc Nurses, 3% are Msc Nurses, Regarding years of experience 63% are having 0-4yrs and 17% are having 4-5 yrs, 17% having are 5-10 yrs and 3% are having > 10 yrs of experiences, Regarding working areas 17% are working in Antenatal ward 5% are working in labour room, 8% are working in postnatal ward and 70% are working in

other wards. Regarding monthly income 47% are earning Rs. 3000- 5000/ and 50% are earning Rs. 5000-10000/ and 3% are earning Rs. 10000- 15000.

The study findings of the 60 sample were discussed base on the objectives of the study.

The first objective of the study was to assess the knowledge regarding prevention of parent to child transmission of HIV and its management among staff nurses.

The present study shows the distribution of the samples according their level of knowledge.

In this study majority of staff nurses (75%) had Inadequate knowledge (25%) had moderately adequate knowledge and none of the staff nurses got Adequate knowledge The findings showed that knowledge score was less among staff nurses. The research findings are congruent as Datta and Bandyopadhyay (1997), who conducted by a study in department of family medicine, Turkey. The objective of the study was to evaluate the knowledge, awareness among parent to child transmission of HIV in turkies women. The study sample consisted of 155 nurses from three selected hospital through random sampling method. The study concluded that 51.4% nurses had moderate level of knowledge .

The second objective of the study was to assess the attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses.

The study reveals that among 60 the majority of the staff nurses (17%) Positive attitude (8%) had Neutral and (75%) had Negative attitude.The findings showed that the level of attitude was improved after the intervention programme.

The research findings are congruent with Newell (2004) who conducted a study of obstetric nurses attitudes and nursing care intention regarding of HIV positive pregnant women in Unites States. The participants were chosen by random sampling of nurses and 350 nurses responded to the background information tool, and the pregnant women with HIV attitudes scale. Findings revealed that obstetric nurses showed more positive mothering choice attitudes. Nurses who cared for HIV positive women before had more willing to care women with HIV positive infection. The study concludes that nurses clinical care may be influenced by their attitudes and prejudice towards pregnant women with HIV positive infection.

The third objective was to determine the effectiveness of Structured Teaching Programme regarding prevention of parent to child transmission of HIV and its management among Staff Nurses.

The present study shows that the knowledge towards parent to child transmission of HIV and its management was improved from pre test as mean improvement of 18.5 the improvement was highly significant $p<0.05$.

The research findings are congruent with Jackson JB, Lancet 2003 , UN conducted a study to assess the knowledge and attitudes towards HIV before and after Information Education and communication (IEC) programmes on two different nursing groups. The study was conducted on post graduate staff (67 nurses) and undergraduate nursing students (73 students). The main source of information was television (66.7%). A study conclude that planned HIV/AIDS education programme significantly improved the HIV/ AIDS knowledge, and a lesser extent the perceptions and attitudes toward patients with HIV/AIDS. Further structured education should be conducted emphasising the role of mass media.

The fourth objective was to find out the association between knowledge and their selected demographic variables such as age, qualification, years of experience in their speciality, income, working area, among the Staff Nurses.

In this study the investigator found that there was a significant association between the level of knowledge with demographic variables such as age, qualification, working area, years of experience and income.

The findings congruent with Schmid CH 2007, did a descriptive study on knowledge of registered nurses from Federal areas of State and Local government health institutions about Parent to child transmission of HIV and skills regarding the care of mother with HIV/ AIDS multi usage of sampling technique was used to select 472 registered nurses The majority (60%) felt that there was need to update their knowledge and skills is unaffected by age, qualification, years of experience, working experience, and income. The study conclude that further education is needed to care of health care professionals with HIV/AIDS.

The fifth objective was to find out the association between attitude and their selected demographic variables such as age, qualification, years of experience in their speciality, income, working area, among the Staff Nurses.

In this study the investigator found that there was a significant association between the attitude and the demographic variables regarding prevention of parent to child transmission of HIV and its management.

The findings are congruent with Zaba B 2005. The objectives of the study to assess the knowledge about HIV and attitudes among consecutively selected staff nurses in North western country, with a population of 2 million with about 25, 000

pregnancies per year. The study found that limited knowledge of mother to child transmission with several misconceptions that unaffected by age, qualification, working area, years of experiences, income of the heath care providers. The study conclude that hinder efforts to improve preventive measures among health care providers regarding PTCT.

Summarizing up all the Research Findings

The research hypothesis (H1) there is significant increase in the level of knowledge of staff nurses after structured teaching programme regarding parent to child transmission of HIV and its management.

The research hypothesis (H2) there is significant increase in the attitude level of staff nurses after structured teaching programme regarding parent to child transmission of HIV and its management.

The research hypothesis (H0) there is significant association between pre test knowledge and attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses with selected demographic variables such as age, qualification, years of experience, working area and income.

CHAPTER VI

Summary, Conclusions, Nursing Implications, Limitations and Recommendations

This chapter deals with the summary of the study and conclusions drawn from the study. It also explains the scope and delimitations of the study for different areas like Nursing education, Nursing administration and Nursing research.

Summary

This study was undertaken to assess the effectiveness of Structured Teaching Programme on Knowledge and Attitude regarding Prevention of Parent to Child Transmission of HIV and its Management among Staff nurses in Sree Mookambika Medical College Hospital, Kulasekaram at Kanya Kumari District.

In the present study one group pre test and post test design was used. Conceptual Framework used for the study was J.W. Kenny's open system model.

Objectives of the study

- To assess the knowledge regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To assess the attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses.
- To determine the effectiveness of Structured Teaching Programme regarding prevention of parent to child transmission of HIV and its management among Staff Nurses.

- ❖ To find out the association between knowledge and their selected demographic variables such as age, qualification, years of experience, income and working area in their speciality among the Staff Nurses.
- ❖ To find out the association between attitude and their selected demographic variables such as age, qualification, years of experience in their speciality, income and working area, among the Staff Nurses

Distribution of the study subjects based on demographic variables:

Hypothesis:

H1 : There is significant increase in the post test knowledge score of staff nurses regarding prevention of parent to child transmission of HIV and its management after structured teaching programme.

H2 : There is a significant increase in the post test attitude score of staff nurses regarding prevention of parent to child transmission of HIV and its management after structured teaching programme.

H3 : There is a significant association between the pre test knowledge regarding prevention of parent to child transmission of HIV and its management and the selected demographic variables such as age, years of experience, qualification, working area and income.

H4 : There is significant between the pre test attitude regarding prevention of parent to child transmission of HIV and its management and the selected demographic variables such as age, years of experience, qualification, working area and income.

A pre experimental one group pre test post test design was found to be suitable for this study. The setting of the study was the conducted in the Sree Mookambika Medical College Hospital, Kulasekaram.

The tool for the study had three parts. The first part of the tool consist of demographic variables. The second part of the tool consist of structured knowledge questionnaire. The third part of the tool consist of likert attitude scale regarding prevention of parent to child transmission of HIV and its management. The researcher selected the samples by purposive sampling technique. The population of the study was 60 staff nurses in Sree Mookambika Medical College Hospital, Kulasekaram. The period of the study was one month.

The collected data were analysed based on descriptive and inferential statistics according to the above said objectives.

The pilot study proved that the tool and design were appropriate.

Major findings:

The pre test knowledge score was 7.6 and pre test attitude score was 7.9. The post test knowledge score was 14.68 and post test attitude score was 15.48, indicating the structured teaching programme improved both the knowledge and attitude level. The table value found to be 2.005 at P>0.005 level of significance for both knowledge and attitude level. This showed that there was a significant increase in the knowledge level and attitude level.

Chi-square test was used to analyze the association between the demographic variables with pre test knowledge score and attitude score. There is an association

between knowledge and attitude with the demographic variables such as age, qualification, years of experience, working area and income.

Conclusion:

The study reveals that the level of knowledge and attitude on prevention of parent to child transmission of HIV and its management has improved after structured teaching programme at 0.005 level of significance. Knowledge on prevention of parent to child transmission of HIV and its management will help the staff nurses to understand about the impact of parent to child transmission of HIV on the quality of life and the financial consequences and understand the measures to prevent parent to child transmission of HIV and its management. Based on the findings, the study concluded that structured teaching programme will improve the knowledge and attitude in prevention of parent to child transmission of HIV and its management.

Nursing implications:

The findings of the study reveal the implication on Nursing Education, Nursing practice, Nursing Administration, Nursing Research.

Nursing Education:

1. In service education can be given to the nursing personnel on the use of various methods of structured teaching programme while providing to the staff nurses regarding prevention of parent to child transmission of HIV and its management in order to capture their attention.
2. The nursing students must be prepared to provide structured teaching programme by using various teaching methods.

3. Nurse educator when planning and instructing nursing students, should provide opportunities for the students to gain skill in teaching about prevention of parent to child transmission of HIV and its management among staff nurses.

Nursing Practice:

1. Teach about prevention of parent to child transmission of HIV and its management to the staff nurses who are working to the selected hospital.
2. Various technologies to capture the attention of staff nurses while providing structured teaching programme on prevention of parent to child transmission of HIV and its management
3. Nurses in gynaec ward, postnatal ward, recovery can regularly plan for teaching programme regarding prevention of parent to child transmission of HIV and its management. This create more awareness among the staff nurses which also helps to reduce the risk parent to child transmission of HIV and its management .

Nursing Research:

1. The essence of research is to build up body of knowledge. The effectiveness of the study in research field is verified by its ability by the nurses in the clinical settings.
2. The findings of the study motivate the Nurse researcher to conduct many studies related to prevention of parent to child transmission of HIV and its management.
3. The researches in nursing field can initiate Evidenced based nursing practice.

Limitations:

1. The study sample of staff nurses were 60 and hence generalization is not possible.
2. The data collection period was 4 week
3. The extraneous variables are controlled to some extent only

Recommendations:

1. A similar study can be replicated with randomization in selected of a large sample
2. The study can be conducted by including more number of variables and different geographic locations
3. Study can be done for long term basis to produce more outcomes.
4. Studies can be conducted to the effect of different teaching methods on prevention of parent to child transmission of HIV and its management
5. Knowledge and attitude of nursing personnel regarding structured teaching programme can be assessed.
6. Encourage beginning researchers to conduct longitudinal study regarding prevention of parent to child transmission of HIV and its management.

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Appendix - A

SREE MOOKAMBIKA COLLEGE OF NURSING

(Approved by the Government of Tamil Nadu & Recognised by Indian Nursing Council, New Delhi, Tamil Nadu state Nurses & Midwives Council, Chennai.)
Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai.

PADANILAM WELFARE TRUST, V.P.M.HOSPITAL COMPLEX, PADANILAM, KULASEKHARAM, K.K.DIST., TAMIL NADU, PIN : 629 161.
Phone : 04651 - 280743, 280866, 280742, 280745

ETHICAL COMMITTEE CLEARANCE

Date 23-12-2014

Lr. No.

To

Mrs. Ezhil. N.

I YR .M.Sc (N),

Sree Mookambika College of Nursing,

Kulasekharam.

Ref: Research Topic: A Study to assess the effectiveness of structured teaching programme on knowledge and attitudes regarding Prevention of Parent to Child transmission of HIV and its management among Staff Nurses in Sree Mookambika Medical College Hospital at Kulasekharam , Kanyakumari Dist.

Sub: Approval of the above reference study .

Dear Ezhil. N.

Ethics committee of Sree Mookambika College of Nursing, Kulasekharam reviewed and discussed the study proposal documents submitted by you related to the conduct of the above referenced study in the meeting held on 23-12-2014.

The following ethical committee Members were present at the meeting held on 23-12-2014.

NAME	PROFESSION	POSITION IN THE COMMITTEE
Prof. Mrs. Santhi Letha	Nursing	Chair Person
Dr. Kani Raj Peter	Medical	Basic Medical Scientist
Dr. T.C. Suguna	Nursing	Clinician
Adv. Mohanan	Legal	Legal Expert
Prof. Mrs.Ajitha Retnam	Nursing	Member secretary
Dr.P. Selva Raj	Management	Philosopher
Mr. Natarajan	Social	Medical Social Worker
Mrs. Latha	Lay Person	Community Person

After due ethical and scientific consideration, the ethics committee has approved the above presentation submitted by you.

Regards,

Mrs. Santhi Letha PhD (N)

Ethics Committee Chairperson,

Sree Mookambika College of Nursing,

Date : 23-12-2014

Place :Kulasekharam

Appendix - B

LETTER SEEKING EXPERT OPINION FOR TOOL VALIDITY

Date :

To

Madam/Sir

Sub : M.Sc Nursing Programme dissertation – Validation of study tool request – reg:

Ms/Mrs. Ezhil. N a bonafide if II Year M.Sc Nursing student of Sree Mookambika College of Nursing is approaching you to obtain validation of study tool pertaining to her dissertation in practical fulfillment of the requirement for the degree of Master of Science in Nursing. The selected topics **"A Study to assess the effectiveness of structured teaching programme on knowledge and attitudes regarding parent to child transmission of HIV and its management among staff nurses in Sree Mookambika Medical College Hospital , Kulasekharam at Kanniya kumari District".** In this regard I request you to kindly extent possible technical guidance and support for successful completion of dissertation.

I enclosed here with a check list for your evaluation.

Thanking You

SHRI MOOKAMBIKA COLLEGE OF NURSING * KULASEKHARAM *

Yours Sincerely

14.03.16

PRINCIPAL

PRINCIPAL
Sree Mookambika College of Nursing
Kulasekharam-629 161

Appendix - C

To

Respected Sir,

Sub : Letter for seeking Permission to conduct data collection reg.

This is to introduce Ezhil. N IInd year M.Sc., (N) Student of Sree Mookambika College of Nursing. She has to conduct data collection in research study as a partial fulfillment of the course which is to be submitted to the Dr. M.G.R. Medical University, Chennai : "A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding prevention of parent to child transmission of HIV and its management among staff nurses in Sree Mookambika Medical College Hospital, Kulasekharam, at Kanyakumari District"

The students is in need of your esteemed help and co-operation as she is interested in conducting the study in your institution. In this regard I request you to extent possible guidance and support for successful completion of data collection.

Thanking you

Yours Sincerely

PRINCIPAL

Appendix - D

From

N. Ezhil, Msc (N) II year,OBG

Sree Mookambika College of Nursing,

Kulesekaram.

To

The Director, (Through Principal)

Sree Mookambika institute of Medical Science,

Kulesekaram.

Sub : Letter seeking permission for Data collection in sree Mookambika Medical College Hospital,

"A study to assess the effectiveness of Structured teaching Programme on knowledge and attitudes regarding parent to child transmission of HIV and its management among staff nurses in Sree Mookambika Medical College Hospital "

Respected Madam

This is to inform your kind self that I N. Ezhil II year M.Sc(N) student of obstetrical & Gynecological Department is planning to do my data collection for research in sree Mookambika Medical college Hospital. So I Kindly request you to grant me permission to do the study and do the needful.

Thanking You

Date : 6-4-20016

Place : Kulesekaram

Yours faith fully

(Ezhil .N)

Forwarded to Director

06.04.16

Appendix - E

List of Experts Validated the Tool

1. **Dr. Rema. V.Nair M.D., DGO**
   Director
   Sree Mookambika Institute of Medical Science
   Kulesekaram

2. **Dr. Swetha, DGO (professor)**
   Sree Mookambika Institute of Medical Science
   Kulesekaram

3. **Prof. Mrs. Astra Sofia, Msc (N)**
   HOD of Obstetrics and Gynaecological Nursing
   C.S.I Medical Mission College of Nursing
   Neyoor.

4. **Prof. Mrs.Deepthi, Msc (N)**
   HOD of Obstetrics and Gynaecological Nursing
   Nims College of Nursing
   Trivandrum.

5. **Prof. Mrs. Shanthi, Msc., (N)**
   HOD of Obstetrics and Gynaecological Nursing
   C.S.I Jeyaraj Annapackiam College of Nursing
   Madurai

6. **Prof. Mrs. Kumutha, Msc (N)**
   HOD of Obstetrics and Gynaecological Nursing
   Iddaiyan Kudi, Thirunelveli dist

Evaluation Tool Check List

Name of the expert :

Designation :

College :

Respected Madam/ Sir,

Kindly go through demographic variables, and Structured questionnaire and Attitude questionnaire, please give your valuable suggestions regarding accuracy, relevancy and appropriateness of the content. If there is any suggestions or comments, please mention in the remarks column.

Appendix - F

Data Collection Tool

SECTION : A

DEMOGRAPHIC VARIABLES:

Name :

Sample No :

Place :

1. Age of the staff Nurse in years
    a. 21 - 28 years
    b. 28 - 35 years
    c. 35 - 42 years.
2. Sex of the staff nurses
    a. Only for Male nurses
    b. Only for Female nurses
    c. both a and b
3. Qualification of the Staff Nurses
    a. ANM
    b. GNM
    c. BSC (N)
4. Years of experience
    a. 0 - 4 years
    b. 4 - 5 years
    c. 5 - 10 years
    d. > 10 years.
5. Working area of Staff Nurses
    a. Obstetrical ward
    b. Labour Room
    c. Postnatal ward
    d. Other wards specify

SECTION : B

KNOWLEDGE QUSTIONNARIE

Kindly place a tick mark against the option which you feel as correct

1. HIV is a _____ Virus ?
    a. Fragile Virus
    b. Lenti Virus
    c. Pneumococcal Virus
2. Which cell in human immune system are affected by HIV infection ?
    a) Helper T cells
    b. CD4 cells
    c. target cells.
3. What are all the causative agents of HIV ?
    a. H1V1 and H1V2
    b. Rubella Virus
    c. Rota Virus
4. How long is the clinical phase of HIV infection followed by period of latency?
    a. 2 months
    b. 6 months
    c. 1 year
5. Name the risk factors for HIV _____
    a. Unprotected sexual intercourse
    b. Advanced HIV diseases.
    c. both a and b
6. Which is the Source of infection present in a HIV infected women ?
    a. Poor hygiene
    b. saliva and oral secretions
    c. cervical secretions

7. When trans placental transmission occurs during pregnancy.

    a. 2 - 4 weeks of gestation

    b. 6 - 8 weeks of gestation

    c. 8 - 14 weeks of gestation

8. Which type of feeding is good for HIV infected baby ?

    a. Mixed breast feeding

    b. exclusive breast feeding

    c. breast feeding with crackled nipples

9. What are the main signs / symptoms of HIV ?

    a. Weight loss up to 60-80 %

    b. un explained anaemia

    c. gingivitis

10. High viral load is present in HIV infected mother in _____

    a. Oral cavities

    b. cervix and vagina

    c. both a and b

11. What type of immune occurs from the HIV infected mother

    a. Actively occurs antibodies

    b. Passively occurs antibody

    c. others

12. Which is the test to confirm HIV infection?

    a. Montex test

    b. ELISA test

    c. WIDAL test

13. What is called HIV test for infant ?

    a. Polymerase chain reaction test

    b. ultrasensitive P24 antigen test

    c. both a and b

14. What is the optimum time for HIV test for a newborn baby?

    a. 2 weeks

    b. 4 weeks

    c. 6 weeks

15. Where should be register for the HIV mother to get medicine ?

    a. Primary health centre

    b. hospital

    c. antiretroviral pregnancy registry

16. HIV medicine reduces the risk of infection to the_____

    a. Foetus

    b. mother

    c. none

17. Which medicine is prescribed prophylactically for HIV infected mother ?

    a. HARRT therapy

    b. oral nevirapine 200mg

    c. Oxytocin

18. What about the routine care of baby soon after delivery ?

    a. Feeding

    b. Vitamin k injection

    c. dried well and remove blood and amniotic fluid

19. When should a HIV positive therapy for lactating woman continue ?

    a. 1 weeks after breast feeding

    b. 2 weeks after breast feeding

    c. 6 weeks after breast feeding

20. Which medicine is administered to the baby born under less than 2 kg weight infected with HIV ?

    a. Nevirapine syrup

    b. AZT 300mg

    c. HAART (Highly Active anti Retroviral Treatment

21. How do we check a known case of HIV positive mother ?

    a. Already been put ART

    b. Made regular check up

    c. check for complications

22. What is the preferable advice for HIV positive mother about infant feeding?

    a. Mixed feed

    b. breast feed

    c. avoid mixed feed

23. What are the safety measures during labour for HIV positive mother ?

    a. Disposable delivery sets

    b. take measures to prevent episiotomy

    c. both a and b

24 . How can prevent a HIV transmission to the child ?

    a. Normal delivery

    b. Caesarean section

    c. both a and b

25. How do we advice a HIV mother at discharge?

    a. Continuing to monitor the progress of CD4 counts

    b. Constant and Continuing use of Condoms (CCC)

    c. both a and b

Answer Key

1	b
2	a
3	a
4	b
5	c
6	c
7	b
8	b
9	a
10	b
11	b
12	b
13	a
14	c
15	c
16	a
17	a
18	c
19	a
20	a
21	b
22	c
23	c
24	b
25	b

SECTION : C

ATTITUDE SCALE

Kindly place a tick mark in the relevent column against each statement which you feel as appropriate

Sl. No	Variables	Strongly agree	Agree	Un decided	Dis agree	Strongly disagree
1.	HIV can be transmitted from infected mother to unborn child during labour					
2.	It is necessary to tell HIV infected mother and family members about their status during pregnancy period					
3.	HIV test during pregnancy period is necessary					
4.	Midwife should avoid shaving the pubic area, performing PV exams, administering enema to the HIV positive women during labour period.					
5.	Recurrent use of antiretroviral therapy is most important in children with AIDS					
6.	Anti Retroviral prophylaxis treatment during pregnancy period can prevent mother to child transmission of HIV					

7.	Awareness of mother to child transmission of HIV needs to be promoted to pregnant women attending antenatal clinic					
8.	HIV infected pregnant women should not deliver at home or Traditional Birth Attendance(TBA)					
9.	Pregnant women should be educated regarding (CCC) Constant Continuing use of Condoms and practicing safe sex.					
10.	Golden rule in care of HIV pregnant women is to provide necessary treatment					

Score:

- Strongly agree – 5
- Agree – 4
- Un decided – 3
- Disagree - 2,
- Strongly disagree - 1

Score interpretation

23 – 30	-	Positive
15 - 22	-	Neutral
Below 15	-	Negative

Appendix - G

TEACHING MODULE ON PREVENTION OF PARENT TO CHILD TRANSIMISSION OF HIV AND ITS MANAGEMENT

TOPIC	**:**	**PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV AND ITS MANAGEMENT**
GROUP	**:**	**STAFF NURSES**
TIME / DURATION	**:**	**45 MINUTES**
TEACHING METHOD	**:**	**LECTURE CUM DISCUSSION**
AV AIDS	**:**	**POWER POINT, LEAFLETS, PAMPHLETS AND CHARTS**

GENERAL OBJECTIVE:

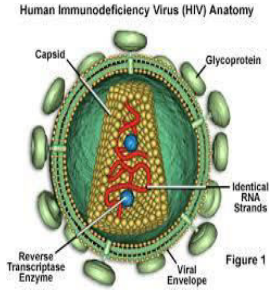
At the end of the class , the group is able to gain adequate knowledge and attitudes regarding prevention of parent to child transmission of HIV and its Management among staff nurses , can apply the gained knowledge and skill in prevention of parent to child transmission of HIV and its management.

SPECIFIC OBJECTIVE:

At the end of the class the subject is able to :

- explain the structure of HIV virus
- define PTCT
- explain about the incidence of parent to child transmission of HIV
- list down the risk factors of parent to child transmission of HIV
- list down the causes of parent to child transmission of HIV
- list down the signs and symptoms of parent to child transmission of HV
- explain about the laboratory findings of parent to child transmission of HIV
- explain about the parent to child transmission of HIV and its management

Specific objective	Content	Time	Teaching and Learning Activity (A.V. Aids)	Evaluation
	INTRODUCTION: The human immuno deficiency virus(HIV) is a lenti virus (a sub group of retro virus) that causes HIV infection and over time acquired immuno deficiency syndrome(AIDS). AIDS is a condition in humans in which progressive failure of immune system allows life threatening opportunistic infections and concerns to thrive. HIV infects vital cells in the human immune system such as helper T cells (specially CD 4 plus T cells), macrophages, and dendritic cells.HIV infection leads to decreased level of CD 4 plus T cells through a number of mechanisms, including pyroptosis of uninfected bystander cells. Cell numbers decline below a critical level, cell mediated immunity is lost, and the body becomes progressively more susceptible to opportunistic infections.	2	Introduce the topic	What do you meant by HIV

explain the structure of HIV virus	**STRUCTURE AND GENOME:**  HIV is different in structure from other retro viruses. It is roughly spherical with a diameter about 120 nm, around 60 times smaller than red blood cells, yet larger for a virus. It is composed of two copies of positive single - stranded RNA that codes for the virus's nine genes enclosed by a conical capsid composed of 2,000 copies of the viral protein. The single stranded RNA is tightly bound to nucleo capsid proteins, and enzymes needed for the development of virion such as reverse transcriptase and integrase. The envelope protein encoded by the HIV envelop gene, allows the virus to attach to target cells and fuse the viral envelope with the target for HIV vaccine efforts.	2	Explaining with the help of chart	What is the shape of HIV virus ?

define parent to child transmission of HIV explain the incidence of Parent to child transmission of HIV	**PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV:** **DEFINITION:** The mother to child transmission of HIV refers to the transmission of HIV from an HIV positive women to her child during pregnancy, labour, delivery or breast feeding.  **INCIDENCE:** ❖ AIDS was first recognized by the United States. ❖ HIV originated in west central Africa during late 19th or early 20th century ❖ 1.2 million deaths, about 39.6 million people were	2 3	Explaining with the help of leaflet explaining with the help of pamphlets	What is meant by PTCT ? What are all the incidence of Parent to child transmission of HIV ?

List down the risk factors of parent to child transmission of HIV	living with HIV in the year 2014 ❖ Children aged less than 5 years fell 40.7% between 1998 and 2010 ❖ In southeast region. ❖ Brazil 85.8% of AIDS cases in individual aged younger than 13 years due to MTCT **RISK FACTORS:** ❖ High viral load o Recent infection of HIV o Infected with HIV during pregnancy o Advanced HIV disease o Viral, bacterial, and parasitic (esp. malaria) placental infection o Concurrent STI **Maternal factors** • High viral load • Rupture of membranes > 4 hours	5	explaining with the help of power point	What are all the risk factors of Parent to child transmission of HIV ?

List down the causes of parent to child transmission of HIV	• Intrapartum haemorrhage • Invasive procedures – Invasive fetal monitoring – ARM (artificial rupture of membranes) – Episiotomy – Vacuum cups – Forceps deliveries **Newborn factors** • Preterm birth • Low birth weight • First infant of multiple birth • Altered skin integrity **CAUSES:** ❖ Infection caused by bacteria, viruses and parasitic transmission directly from mother to embryo during pregnancy or child birth ❖ Un protected sexual intercourse that is oral and anal sex.	4	explaining with the help of power point	What are all the causes of parent to child transmission of HIV ?

	❖ Un protected heterosexual or homo sexual intercourse, ❖ Horizontal transmission include rape or sexual assaualt. ❖ HIV may cross the placenta from the mother to foetus during pregnancy ❖ Using syringes and needles or blades which are soiled with HV infected blood ❖ Person affected with tuberculosis, opportunistic infections, tumours ❖ Blood transfusions with HIV infected blood products such as factor 8 in haemophiliacs. ❖ Children may infected when sharp instruments are using ❖ Elevated viral load, symptomatic diseases and failure to use of antiretroviral drugs during pregnancy, smoking			

list down the signs and symptoms of parent to child transmission of HIV	 **SIGNS AND SYMPTOMS:** ❖ unexplained fever and Poor feeding, ❖ weight is 60 to 80% of that expected for their age ❖ Oral candidiasis (thrush) after the newborn period ❖ Pulmonary tuberculosis ❖ Severe recurrent presumed bacterial pneumonia ❖ Unexplained anaemia(low white blood cell count) or thrombocytopenia(low platelet count) ❖ Gingivitis(gum bleeding) ❖ Petechial rash on skin(small reddish or purplish spots due to bleeding from capillaries under the skin.	3	explaining with the help of power point	What are all the signs and symptoms of parent to child transmission of HIV ?

	1. PETECHIAL SKIN RASHES OF BABAY 1    ❖ Hepatosplenomegaly(enlarged liver and spleen) in jaundice for Hepatitis B.			

	❖ Bilateral enlargement of parotid glands ❖ Mild skin rashes, especially itchy papules, warts or molluscum ❖ Recurrent mouth ulcers ❖ Chronic or recurrent upper respiratory infections especially otitis media ❖ HIV encephalopathy ❖ Hearing impairment, eye problems, mental retardation, autism and death caused by babies. ❖ Severe failure to thrive or weight loss with a weight less than 60% of that expected age. Un explained persistent diarrhoea for more than 14 days ❖ Malignancy			

explain the laboratory findings of parent to child transmission of HIV	MENTALLY RETARDED CHILD  WEIGHT LOSS BABY  **LABORATORY FINDINGS:** ❖ Compete history and Physical examination findings. ❖ In older children and adults ELISA (Enzyme	10	explaining with the help of leaflet	What are all the lab findings of parent to child transmission of HIV ?

	Linked Immuno Sorbent Assay test or rapid screening test to confirm the HIV infection ❖ PCR test (Polymerase Chain Reaction) detects HIV DNA ❖ (part of the genetic code of HIV). This test is done on infants 6 weeks after delivery. **SEROLOGICAL STUDY**  ❖ Ultrasensitive p24 antigen test is as reliable as PCR at 6 weeks, but is not widely available yet.			

explain about the parent to child transmission of HIV and its management	❖ HIV RNA test is also probably an accurate method to identify HIV infection ❖ Additional blood test showing weakened or damaged immune system help to confirm the diagnosis of symptomatic HIV infection ❖ Chest X ray **MANAGEMENT:** **MEDICAL MANAGEMENT:** **INFANT:** ❖ All the routine care should be given, and safe to give vitamin K injection, intramuscularly. ❖ Infants should be dried well immediately after delivery to remove blood and amniotic fluid.	20	explaining with the help power point	What are all the management involved in preventing parent to child transmission of HIV ?

	VITAMIN K INJECTION  ❖ HIV prophylaxis should be given to the mother and newborn to reduce the risk of mother to child transmission ❖ AZT syrup 1.2 mg twice daily for 7 days or 4mg/kg (0.4ml/kg) if the birth weight is less than 2 kg. ❖ Nevirapine syrup within 72 hours of delivery as a single dose of 6 mg(0.6ml) or 2mg/kg (0.2ml/kg) if the birth weight is less than 2 kg.			

	❖ All the routine immunisation should be given ❖ Growth should be assessed by regularly plotting the infants ❖ weight on a Road to Health Card, the early detection of poor weight gain is especially important ❖ Provide Multivitamin syrup, and co-trimaxazole should be started after 6 weeks ❖ The correct use of antiretroviral therapy is most important in children with AIDS ❖ Multivitamin supplement 0.6 ml daily to prevent vitamin A deficiency **MOTHER:** ❖ AZT 300mg orally twice daily is given from 28 weeks of gestation followed by 300mg oral dose 3 hour during labour.			

	  ❖ Oral Nivirapine 200mg should be given to the mother at the onset of labour. HAART(Highly Active Antiretroviral Treatment) with 3 anti retroviral drugs should be given to HIV infected pregnant women with CD4 count below 200 cells			

	NURSING MANAGEMENT: **Assessment** • Regular obstetrical assessment • **Assess whether tested for HIV** – If not, offer pretest counselling and testing during labour – May offer an opportunity to provide PPTCT • **If known HIV+, check whether she has** – Already been put on ART – Already taken the single dose NVP (PPTCT programme) • Educate and counsel ***pregnant*** *or* ***lactating*** HIV negative women on -HIV Transmission - Early testing • A woman who is 23 years and HIV positive comes for her first antenatal check up. • She is 6 weeks pregnant and you are there in the OPD.			

	EDUCATE THE WOMAN ON THE IMPORTANCE OF: • Antenatal visits • Diet + Vitamin & Iron supplements • Avoiding invasive procedures • Practicing safe sex • Treating ANY infection or STI • Importance of hospital delivery • Continuing to monitor the progress of her HIV: CD4 counts/presence of OIs (opportunistic infections) **Do's:** • Give NVP for the mother • Perform vaginal cleansing with - Chlorhexidine (0.25%) -Povidone Iodine • **Take measures to prevent episiotomy** • **Disposable Delivery Sets** **Dont's:** • Isolate • Shave pubic area			

	• Give an enema • Perform frequent PV exams • Rupture membranes • Use instrumental deliveries unless absolutely necessary **Infection control precautions at the time of labour and delivery** – Use appropriate personnel protective equipment – When cutting the cord, minimize splash of blood and fluids by using clamps and gauze – Handle the baby with gloves until bathed – When providing regular umbilical cord care, use gloves – If assisting to express breast feeds, stand on the same side as mother, use gloves – Soak all used linen in bleach solution for 2 hours			

	EDUCATION AND FOLLOW UP IN INFANCY PERIOD
	– DNA PCR HIV testing for infants at 6 weeks and 6 months (where available)
	  – If breast feeding, PCR 6-8 weeks after stopping breast feeding
	– Routine well baby visits
	– Follow standard Immunisation schedule
	– Need for immediate medical attention, if signs and symptoms of any infection present
	– Cotrimoxazole prophylaxis dose per kg body weight
	  – All HIV exposed infants start at 4-6 weeks of age till detected as HIV negative
	– HIV antibody testing at 12 and 18 month visits
	EDUCATE ABOUT FAMILY PLANNING:
	• Discuss family planning BEFORE discharge
	• Review birth control and infection control
	  – Dual protection to prevent and reduce further HIV infection, STIs and pregnancy
	  – Data suggests hormonal contraception is less effective with ARVs			

	– Access to Emergency Contraception **Summary** Till now we had seen above what is meant by parent to child transmission of HIV, incidence, risk factors, causes, signs and symptoms, laboratory findings, management, complication, and preventive measures. **Conclusion: -** The mother to child transmission of HIV refers to the transmission of HIV from an HIV positive women to her child during pregnancy, labour, delivery or breast feeding.			

Appendix - H

SECTION : A

Check list for Validating the tool

Respected Madam,

Kindly to through the demographic variables and please given your valuable suggestions regarding accuracy, relevancy and appropriateness of the content. If there is any suggestions or comments please mention in the remarks coloumn.

Sl.No	**Items**		**Remarks**
Demographic variables	**Accepted**	**Not accepted**	
1			
2			
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4			
5			

SECTION : B

KNOWLEDGE QUESTIONNAIRE

Sl.No	Items		Remarks
	Accepted	Not accepted	
1			
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SECTION C

ATTITUDE SCALE

Sl. No	Items		Remarks
	Accepted	Not accepted	
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Sl. No	Criteria	1	2	3	Remarks
1.	**Scoring:** ➢ adequacy ➢ clarity ➢ simplicity				
2.	**Content:** ➢ logical sequence ➢ adequacy ➢ relevance				
3.	**Language :** ➢ appropriate ➢ clarity ➢ simplicity				
4.	**Practicability:** ➢ It is easy to score ➢ precise ➢ utility				

Any other suggestions:

Appendix - I

PHOTOS